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ABSTRACT

The report presents recommendations resulting from a national reassessment of rehabilitation for the disabled in the Federal Republic of Germany. Described is the purpose of the reassessment, which was initiated by West Germany in response to the United Nations' goal of obtaining reports on the status of the disabled from member nations for the International Year of Disabled Persons. The current situation in West Germany is examined by a review of such legislation as the Severely Disabled Act of 1974 requiring reservations of six percent of workplaces for the severely disabled. Noted is the German government's role in forming the 100 member National Commission, which in turn, invited 700 experts to establish work groups, prepare objectives, define activities, and identify priority problems and recommendations. Explanations, objectives, and recommendations are provided for the following areas: (1) prevention, early diagnosis, and early assistance for children and adults; (2) medical rehabilitation; (3) education at preschool through university level; (4) vocational rehabilitation; (5) employment in the labor market and sheltered workshops; (6) environmental issues such as housing and transportation; (7) resettlement (i.e., integration); (8) the family; (9) sports; (10) specialist training; (11) special problems of five exceptionalities; (12) research and documentation; (13) public relations; and (14) fundamental recommendations such as development of social insurance. Listed are names of members of the National Commission and chairpersons of the coordinating group and the 13 working groups. (MC)

The International Year of Disabled Persons 1981

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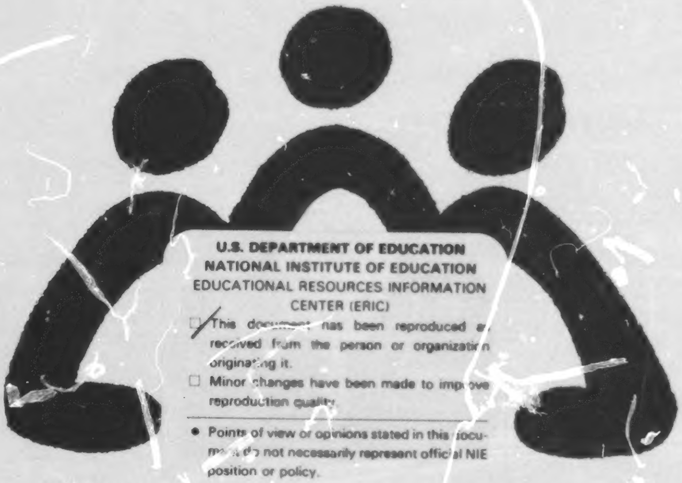

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UNDERSTANDING EACH OTHER AND GETTING ON WITH EACH OTHER

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Report and Recommendations presented by the
National Commission of the Federal Republic of Germany
on the Occasion of the International Year

REPORT + RECOMMENDATIONS

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Preface

This Report and the numerous recommendations for the resettlement of handicapped men and women represents an important part of the work carried out by the National Commission for the International Year of Disabled Persons proclaimed by the United Nations for 1981. The Report is intended to draw the attention of the general public to the problems of the disabled and at the same time to indicate possible solutions.

The Report is the outcome of close and mutually confident co-operation between the over 100 members of the National Commission. These members include representatives of the parliamentary parties in the German Bundestag, the Federal Government, the Länder, the central municipal associations, the rehabilitation bodies and their associations, the associations of the disabled, the welfare associations and church organizations, the trade unions and employers' associations, the working parties of the rehabilitation bodies, the broadcasting and television corporations, and a number of other individual specialists.

Some 700 experts from the field of rehabilitation – including numerous handicapped persons – cooperated in the working groups and subgroups plus a coordinating group, which were set up by the National Commission to prepare this Report.

These experts conducted frank discussions on the acute problems of rehabilitation still confronting us despite the undeniable achievements of recent years.

The recommendations approved by the National Commission and set out in this Report are directed towards all those who can contribute directly or indirectly towards their realization. Hence, they also concern every single one of us.

I feel sure that these objectives and recommendations, developed as they have been on the basis of an assessment of the current situation, will foster the complete resettlement of all disabled men and women in work and society.

It would be a good thing if the broad consensus noted within the framework of the National Commission and the cooperation between all responsible forces could be maintained. With that in mind, I call upon all concerned to engage in a thorough and serious discussion of the working results submitted in this Report, above all in the interest of the handicapped members of society. At the same time, the more detailed individual reports submitted by the working groups and published separately from this Report can also provide further valuable suggestions.

Clearly, this Report can only offer recommendations since the requisite preconditions, including the organizational and financial requirements, have first to be fulfilled. Nevertheless, I am convinced that the Report's proposals will attract great attention among all responsible bodies and, notably, among the legislative authorities.

The second great task of the International Year, i.e. arousing and promoting more appreciation in the population for the interests of the handicapped, is something to which we shall jointly dedicate ourselves with the whole of our strength both now and in the years ahead.

It only remains for me to voice our gratitude to all those who have worked so selflessly on the preparation of this Report. I have in mind particularly the members of the National Commission, the working groups and the coordinating group, the rapporteurs in the working groups including the members of the Foundation for Rehabilitation, who performed such meritorious service in compiling this Report.

The Chairman of the National Commission
for the International Year of Disabled Persons

Dr. Herbert Ehrenberg
Federal Minister of Labour and Social Affairs

Bonn, December, 1980

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Introduction to the Report

Proposals and Activities of the United Nations

U.N.
resolution

On 16 December 1976, the General Assembly of the United Nations adopted its resolution No. 31/123 declaring 1981 to be the International Year of Disabled Persons. Pursuant to resolution No. 34/854, the General Assembly then approved a plan of action for 1980 and 1981. In this plan, the United Nations described the general aim of the International Year as arousing a public interest in questions affecting disabled persons and in the problems which the disablement involves for those afflicted by it. This applies in particular to the large number of handicapped persons in the Third World countries. In this context, numerous recommendations are directed to the individual member States with the United Nations suggesting a pragmatic course of action in the various countries.

U.N.
views

UNO has called upon member States and non-governmental organizations to re-examine their programmes for the medical, vocational and social integration of disabled persons and to mobilize local and regional activities in line with the conditions, needs and priorities of the given country and in this way to bring about a sustained improvement in the situation of disabled persons.

Priority lies in
member
countries

By virtue of this move, UNO has clearly placed the onus of activities during the International Year on the individual member States. The United Nations are thus not undertaking the impossible task of raising standards of treatment for the disabled throughout the world to a uniform level. That goal would not be achievable within the foreseeable future and an assignment of that magnitude simply cannot yet be realized. The appeal launched by the United Nations should in fact be taken to mean that every member State should proceed on the basis of its special situation and carry out what is absolutely essential for its disabled citizens.

But that implies that activities can and indeed must vary from one country to another. In a Third World nation, they will clearly differ from those in a country whose social security system is relatively well developed and therefore capable of directing its attention without delay to the multifarious problems of rehabilitation.

Goal:
participation
and equal
status for the
disabled

The goal is to attain equal status and participation by disabled persons. In the opinion of the United Nations, this aim ought to be accomplished during International Year by means of more active public relations work. Public interest should be aroused in the special problems of disabled persons and measures designed to bring about their integration into society promoted. That can best be done by means of appropriate campaigns which ought not to be confined to congresses or meetings but also embrace the publication of brochures for general information and guidance, the holding of sporting events and notably the organization of meetings between handicapped and able-bodied people at all levels.

Development
of a
programme

By the same token, the United Nations expect each country to draw up and enact a programme for improving the medical, vocational and social integration of the disabled.

U.N.
activities

The United Nations are rendering a special contribution by a programme of action for disabled persons throughout the world – a programme which will be submitted to the General Assembly for approval. An advisory committee comprising the representatives of 23 member States has meanwhile begun preparations. Although the Federal Republic of Germany does not belong to this committee, she informed the United Nations in appropriate form and in due time of her views on wide-ranging rehabilitation measures.

In addition, the United Nations intend to organize a series of concrete activities such as the convening of an international symposium of experts on technical aid. The idea is to encourage the industrialized states to provide technical and economic assistance for the disabled of the Third World and to organize exchange programmes for rehabilitation personnel on an international basis.

U.N. emblem and motto

The official emblem issued by UNO depicts two persons who are holding out their hands to each other in a spirit of solidarity and giving each other mutual support from a position of equality. This latter point seems to the United Nations to form a particularly important precondition for all attempts at integration. It is with this in mind that the motto chosen by the United Nations calls for "full participation and equality".

International Secretariat

A UN Secretariat has commenced its work in Vienna. It is concentrating its efforts above all on implementing the activities approved by the United Nations. But the Secretariat also submits regular reports on the level of preparations in individual countries. This results in a lively international exchange of views. The Secretariat acts as an advisory body for any interested country.

The Secretariat is directed by Mrs. Zala Lusibu N'Kanza, a qualified sociologist and former Minister of Labour, Social Affairs and Housing in Zaire. At the United Nations, Mrs. N'Kanza holds the position of director of the Centre for Social Development and Humanitarian Matters.

U.N. Fund

In addition to the UN's general funds, a Special Fund is to be set up in order to finance UNO's plans on the occasion of the International Year. The Federal German Government has voluntarily placed half a million deutschmarks at the disposal of this Fund. This sum corresponds to the amount donated on the occasion of the International Year of primarily to finance educational campaigns in the Third World; it will certainly be put to good use.

The Current Situation in the Federal Republic of Germany

Current situation in West Germany

The Federal Republic of Germany is a social and constitutional State whose social security and welfare are being continuously developed. That also applies to the resettlement of disabled persons in work and society. The goals pursued by the United Nations in this field have largely been realized in many areas.

The 1970 Action Programme

The action programme voted by the Federal German Government in 1970 on rehabilitation represented a milestone on this avenue of approach. So much progress was accomplished within the space of a few years that the measures in question are now taken for granted.

Co-operation as the key to present achievements

The experience gathered in recent years has shown that all responsible individuals and groups must work together if rehabilitation is to prove a success. The realization of the Federal Government's action programme furnishes a good example of this.

This successful scheme was the outcome of cooperation between the Federal Government, the Länder and the local authorities, the official bodies competent for rehabilitation, the trade unions and employer associations, the welfare bodies, the churches and – last but not least – the official organizations for disabled persons. Past experience has, however, indicated that the willingness and ability to cooperate must be fostered. Moreover, legal safeguards will have to be provided and areas of institutional friction reduced. Particular importance was attached in the 1970 action programme to vocational resettlement for the disabled.

Classification: gainful employment and vocation

The provision of gainful employment and a vocation also represent significant factors for disabled persons in the attempt to enhance their self-esteem. This includes the safeguarding of their material livelihood. That in turn helps to normalize their relationship with the environment and to render their position in modern society more stable. To that extent, the 1974 Law on the Integration of severely disabled Persons into Work, Vocation and Society (The Severely Disabled Persons Act) constitutes a solid foundation for rehabilitating such men and women. This statute accords with the United Nations' plans for the future in that it makes it obligatory to reserve 6% of workplaces for the severely disabled, irrespective of the nature and cause of their handicap. The necessity of such protection may be seen from the high percentage of persons officially recognized as disabled within the overall population (approximately 5% in 1980).

The Severely Disabled Persons Act

One factor of great assistance for severely disabled persons engaged in gainful employment consists in the statutory rights enshrined in the above-mentioned Act. These are the entitlement to:

- *special efforts to procure employment;*
- *a job in keeping with the disablement in question;*
- *special protection against dismissal;*
- *an additional vacation; and*
- *special representation of one's interest in the firm or administrative body.*

Further improvements:

early recognition, flexible retirement age and free use of public transport

Mention may be made of a number of further improvements in addition to the severely disabled Persons' Act. As early as 1971, early medical check-ups for children were introduced as a statutory benefit provided by the health insurance institutions. In the same year, the provisions of the statutory accident insurance scheme were extended to cover over 10 million school-children and students as well as kindergarten infants. 1972 was also the year in which self-employed farmers and their families came within the protection of the statutory sickness insurance scheme.

In the field of social assistance, the number of persons with a legal claim to the integration assistance for disabled persons was substantially increased in 1974. The goal of integration assistance was widely defined as follows. The main consideration in resettling disabled persons in society consists in permitting and facilitating them to take part in communal activities, enabling them to carry on appropriate gainful employment or other suitable activity and making them as independent of medical care as possible.

By virtue of the 1974 Law on Social Insurance for the Handicapped – whose main feature consisted in the introduction of obligatory social insurance in sheltered workshops and workshops for the blind, in institutions and homes for the disabled and in vocational training establishments for disabled persons undertaking a course there as well as introducing optional membership of the statutory health insurance scheme for all other severely disabled persons – distinct improvements were provided in the social welfare for those handicapped from birth or early childhood.

The general part of the Social Code promulgated in December 1975 lays special emphasis on the social rights of the handicapped. The attempts to rehabilitate disabled persons in the Federal Republic of Germany were greatly promoted by the Rehabilitation Adjustment Act of 1974. This was rendered possible in particular by the wide-ranging standardization of medical and vocational benefits in rehabilitation on the part of the various bodies concerned, by major improvements in benefits in the interest of optimal and vocational assistance and by measures designed to ensure a smooth and expeditious handling of rehabilitation. Similarly, the health insurance funds were incorporated into the category of responsible rehabilitation authorities.

The Law on lowering the flexible Age Limit for statutory Pension Insurance for the severely Disabled (1978) and the Law on amending official Provisions (1979) made it possible for the severely disabled to obtain a pension upon completing sixty years of age. The Law on the gratuitous Transportation of the severely Disabled in Public Conveyances (1979) meant that the bulk of the severely handicapped could use local public transport free of charge.

In 1980, the Workshops Order introduced provisions on the technical qualifications expected of workshops for the handicapped (sheltered workshops) and on the procedure for their obtaining official recognition. The intention is to guarantee equivalent conditions in rehabilitation and work throughout the country in such sheltered workshops.

Apart from all these improvements which in particular ensured better safeguards for disabled persons' material livelihood (and to which should be added tax relief, reduced telephone charges, exemption from payment of radio fees, reduced charges for sports fixtures, cultural manifestations and other organized events), there has been no lack of measures for enabling the handicapped to participate in communal activities. A gratifying approach has been made towards improving the situation of the handicapped members of our society thanks to the joint efforts undertaken by:

the Federal Government, the Länder and the local authorities; the responsible bodies for rehabilitation; the associations for disabled persons; the voluntary welfare bodies and their subsidiary organizations. The realization of the defined goals has been helped by:

- *extending social services;*
- *organizing transport pools;*
- *incorporating DIN norms within Länder construction legislation in order to eliminate building and technical obstacles in the use of public conveyances and public facilities (e.g. telephone booths for the users of wheel chairs);*
- *promoting sport for the disabled; and improvements in housing construction.*

This new approach represents the basis on which further intensive efforts will have to be made in future.

Facilities for training and retraining the disabled

Within the framework of the rehabilitation goals pursued in the 1970 Action Programme, a whole series of rehabilitation facilities has been created by joint efforts in recent years for those disabled persons who cannot be trained or retrained in the available establishments due to the nature and severity of their handicaps. In the meantime, it has proved possible to meet the demand for inter-plant and inter-institutional training places for disabled adults. At the present time, a total of 12,000 places are available in 21 vocational retraining centres. A total of approximately 10,000 inter-plant and inter-institutional training places have been envisaged for disabled adolescents. 27 industrial training centres are now either fully or partly in operation with ten others either under construction or in the planning stage.

To help those handicapped men and women barred from the general labour market due to the severity of their disablement, a total of 300 facilities with 53,000 workplaces have been provided. Further workshops for the handicapped are envisaged.

Facilities for medical rehabilitation

On a par with the above-described efforts are those undertaken in the field of medical rehabilitation. In addition to the dense network of general-purpose hospitals, special facilities are now available in this sphere, too. Examples of these are the specialized and spa clinics, sanatoria, accident hospitals and service and supply hospitals. Furthermore, recent years have seen the establishment of special facilities for cardiovascular patients, paraplegics, persons with brain damage, neurological cases and the mentally ill.

The Initiatives undertaken by the Federal Government

Further development

Despite these successes, all the people directly concerned were aware that much of what had been accomplished could only be regarded as a beginning. In this country, rehabilitation is regarded as a permanent task whose impact must be kept under continuous review and adapted to the given developments so that further progress may be made whilst the social welfare advances already made are safeguarded.

Action Programme on Rehabilitation in the Eighties

For this reason, the Federal Government deemed it necessary to extrapolate the 1970 action programme by another one entitled "Rehabilitation in the Eighties". This extrapolation embraces all sectors of rehabilitation – medical, educational, vocational and social. Many of the ideas and suggestions were put forward by the working groups of the National Commission. The Programme consists of 10 points:

1. *Improvement in the legal provisions on handicapped persons.*
2. *Further strengthening of preventive measures in health and social policy.*
3. *Supplementation of medical rehabilitation facilities.*
4. *Improvement in educational opportunities for disabled children, adolescents and adults.*
5. *Reinforcement of vocational rehabilitation by measures which guarantee a permanent resettlement of disabled persons.*

6. *Improvement in the integration of the severely disabled into gainful employment on the general labour market and in sheltered workshops.*
7. *Special efforts to ameliorate the opportunities for disabled persons to take part in modern social life.*
8. *Qualified guidance and trouble-free cooperation between the various rehabilitation bodies with a view to ensuring optimal results for the rehabilitation procedure.*
9. *Better technical qualifications for rehabilitation personnel by means of coordinated and institutionalized training and further education.*
10. *Promotion of research and documentation for improving our knowledge of the means and methods of rehabilitation and helps in achieving it.*

International Year of Disabled Persons

The International Year of Disabled Persons creates an opportunity for furthering and strengthening our joint efforts at integration.

National Commission

Under the chairmanship of the Federal Minister of Labour and Social Affairs, a National Commission was set up and virtually all those bodies with an interest in rehabilitation activities are now represented in it.

The Commission consists of over 100 members. These include the representatives of the parliamentary political parties in the Bundestag, the Federal Government, the Länder, the municipalities, the rehabilitation bodies and their organizations, the central associations of handicapped persons, the welfare associations and church bodies, the trade unions and employers' associations, the working groups set up by the rehabilitation centres, the broadcasting and television corporations plus a number of other experts.

The composition of the National Commission represents a balanced cross-section of those directly involved in rehabilitation. When the central associations were invited to appoint delegates, it was assumed that the affiliated organizations and their members would be kept informed on the progress of preparatory work and called upon to cooperate. The experience gathered to date shows that this has usually taken place. To this extent, the real number of participants is much greater than would at first seem to be posssible from the composition of the National Commission.

Functions of the National Commission

The National Commission undertook in particular:

- *to develop, on the basis of a national re-assessment, objectives and recommendations for rehabilitation in the Federal Republic of Germany designed to promote the resettlement of handicapped persons in work and society. The recommendations are addressed to all those who directly or indirectly contribute towards their realization and thus to every citizen in the land; and*
- *to arouse and promote by means of information and organized events in 1981 the understanding of the general public for the interests of their disabled co-citizens and in particular for their full integration into society.*

Whereas the events for December 1980 are still in the preparatory stages, the first major objective may now be regarded as completed, i.e. the present publication of objectives and recommendations for discussions by the general public.

The Preparation of Objectives and Recommendations

The Working Groups and their Themes

Setting up of working groups

During the discussion on how the unresolved questions of rehabilitation could be approached by the National Commission, the view began to prevail that it would be expedient to compile a list of the given problems. It was proposed that a special working group should assume responsibility for each sector. Agreement was reached on the establishment of the following working groups:

No.	Theme
1.	Prevention, early diagnosis and early assistance
2.	Medical rehabilitation
3.	Education for disabled persons (pre-school, school, university and further education)
4.	Vocational rehabilitation for the handicapped (education, training, further education, retraining)
5.	Employment of disabled persons on the general labour market and in sheltered workshops
6.	An environment helpful for the disabled (housing, building, transport, technical helps)
7.	Resettlement of the disabled in society
8.	Disablement and the family
9.	Sports for the disabled
10.	Training and further education for specialists in activities for the disabled
11.	Special problems facing individual groups of disabled persons: 1. The mentally handicapped 2. Emotionally disturbed persons 3. Persons with a hearing or speech defect 4. Blind persons and the partially sighted 5. The physically handicapped and persons with multiple disabilities
12.	Research and documentation
13.	Public relations

The Activities of the Experts in the Working Groups

Co-operation of experts

About 700 of the experts named by the members of the National Commission are active in the working groups – including many who are themselves disabled and thus personally familiar with the problems involved.

Co-ordinating group

After concluding their studies, the working groups presented a report on their given field. The report by the National Commission was not conceived as a summary of the individual reports nor indeed could it provide one because of the length of the reports if it were to fulfil its task on the occasion of the International Year to direct the attention of a wide segment of the general public to the special problems of the handicapped and to the opportunities for resolving these problems. Because of this, a coordinating group undertook the task of writing this overall report.

Activities of Government, Länder, municipalities, rehabilitation bodies and associations

The Bundestag earmarked the requisite federal funds needed to organize the International Year for Disabled Persons. Furthermore, the central bodies and associations of disabled persons as well as the organizations for rehabilitation and the Länder and local authorities will launch special drives in the International Year and provide the requisite funds.

Public Relations in International Year

Guidance and information

The idea has been put forward that organized events should be held to draw the attention of the general public to the special problems confronting the disabled. The important thing is to promote understanding between the handicapped and the able-bodied and thus to come much nearer to the goal of all rehabilitation efforts, the social integration of the disabled.

Motto and emblem

The motto chosen for the International Year emphasizes the most significant assignment in the International Year for Disabled Persons: "Understanding Each Other and Getting on with Each Other".

This motto indicates how many problems stem in the first instance from a lack of understanding, information and empathy. Despite all the thought given to what is finally deemed necessary and practicable, one important point should not be overlooked: the International Year of Disabled Persons is not a Year of the Federal Government, the Länder or the associations and organizations but a Year of the Disabled themselves. That means that above all the disabled must play an active role in co-operation.

Einander
verstehen
miteinander
leben

Internationales Jahr der Behinderten 1981

Active role for the disabled

Priority Problems and Recommendations

General Observations

Principles

From among the abundance of ideas and recommendations, special attention ought to be directed to a number of over-riding problems. At the same time, it would seem sensible to draw up a number of principles and guidelines for all disabled persons within the framework of the defined priorities as these are viewed from the standpoint of the National Commission.

Main problem: social integration

During past years, a point of main effort in the work carried out for disabled men and women lay in the field of medical and vocational rehabilitation. Much has been achieved in this sphere. That must not, however, mislead us into presuming that enough has already been done for the handicapped.

Against this must be set the bitter realization by many disabled persons that their social integration has not yet been achieved. Even though there are still gratifying moves in that direction, there is nevertheless a lack of personal contributions by the ordinary citizen in his relations with disabled co-citizen. Such a contribution can take place in the field of gainful employment (e.g. at one's workplace), during free-time activities (e.g. sport) or in the human environment (e.g. buildings and apartments helpful to the handicapped).

At the same time, many problems derive from a lack of understanding, information and empathy. It is still true to say that the disabled and non-disabled often drift along side by side rather than really getting on with each other. And sometimes there is even confrontation.

It was in no small measure with this in mind that the motto chosen for the International Year was "Understanding each other and getting on with each other" as the fundamental prerequisite for any social resettlement.

Outsider role is painful

Irrespective of the nature of the disability and the level of social welfare provided, many handicapped persons consider their role as outsiders to be a painful one. This springs not only from the traditional prejudices but also from the fact that, even though much has been done for disabled persons, too little has been done with them and by them themselves. Disabled men and women often consider themselves as being simply administered by others and thus rendered additionally helpless.

Our socially minded constitutional State guarantees individual legal claims to services for the handicapped. The preconditions for these benefits are often governed by a blanket classification among groups of persons such as corresponds to our legal system and the need for concrete provisions in law.

In certain individual circumstances, the impression may arise that the individual disappears all too easily behind global terms and mere labels! Sometimes, the individual feels he is treated not as a human being and citizen but more as an object – as an abstract special being, a "disabled being". It is therefore urgently necessary to strengthen the self-esteem of handicapped persons so that they can look after their rights by themselves or with the help of interest groups.

Strengthening of partnership

In the development and planning and implementation of all the respective facilities, the handicapped citizens together with their families and group associations should be granted greater participation pursuant to the principle of partnership. At the same time, the principles of sound administration and economy-mindedness must be harmonized with the interests of society.

Simplifying procedures

Application and authorization procedures, the provision of guidance and information on concrete assistance must be made more lucid and intelligible for the disabled individual and his family. Similarly, particular attention must be given to those unable to represent their own interests due to the nature and gravity of the disablement. To this end, all those concerned must make a special effort.

Tolerance and solidarity among the disabled

The representatives of the disabled must also help to reduce prejudices and intolerance. There must be no hierarchical differences between the various groups of handicapped persons. Tolerance and solidarity help to promote a more positive attitude by the whole of society towards the problems of the disabled and improve their opportunities for resettlement.

The same right to integration must be realized for all disabled citizens in our society.

Help towards self-help

But not all the consequences of disablement can be overcome or mitigated by rehabilitation and other efforts. In every case, the essential factor will be to bear in mind that both disabled persons as well as their families and friends not only receive assistance from outside and thus have to depend on this help, but also should become active themselves. The professional auxiliary services must reduce the danger of continuous tutelage by teaching the persons concerned to practise self-help and to take the initiative for themselves.

Consideration for individual circumstances

All educational, instructional and promotional programmes and their implementation ought to be geared to an individual's situation in life and to the given opportunities available to a disabled individual.

The assistance must take into consideration the overall personality of the man or woman concerned and his or her social environment. It must not merely confine itself to the training of partial functions or to the isolated alleviation of certain shortcomings. The entitlement to a good "quality of life" for handicapped persons must mean that their existence becomes as tolerable, meaningful and worthwhile as for the non-disabled.

Assistance of laymen

Specialists are indispensable in many areas of rehabilitation. However, professionalization must not lead to the work of laymen suffering as a result.

Encouragement should be given to communal lay assistance on a wide scale. Only the expansion of such help will make it possible for the disabled to achieve resettlement and to take part in social life.

The creation of more human living conditions in all institutions and services looking after disabled citizens must go hand in hand with all the other activities and efforts to improve rehabilitation and integration. Hitherto, it has not proved possible to guarantee more human living conditions for all groups of disabled persons – as indeed became clear in the enquiry on psychiatry.

Human living conditions for all disabled persons

Prevention, Early Diagnosis and Early Assistance

1

Disabilities are usually not a matter of fate, but something which are largely avoidable. That holds true both of congenital as well as acquired handicaps. It is therefore of decisive importance to prevent them by means of precautions. In line with the latest scientific findings, the efforts to implement preventive measures have been substantially strengthened in recent years. General prevention, early diagnoses and early assistance to reduce lasting late damage all form a firm part of modern health care and socio-political benefits and expectations.

1.1 Precautions

The aim of precautionary measures consists in the primary prevention of disablements and they thus embrance many spheres of life. Although free immunization schemes have existed for decades in compliance with medical requirements, the educating of the population to adopt health-promoting attitudes inspired by a spirit of self-reliance is proving to be a problem which has hitherto not admitted of any satisfactory solution. However, the future relevance of this task make it a matter of particular importance.

Improvement in the Flow of Information with regard to the Knowledge needed for Prevention

Target groups

Children and young persons, older citizens and certain groups of the population subject to health risks require a different approach and a different presentation of the facts on health care if these are to be effectively translated into reality.

> *The activities hitherto carried out by the national health service, the sickness insurance institutions and the private sickness funds ought to be reexamined in the light of this criterion. The methods and subject-matter of health education should be amended accordingly.*
> *Instruction on health matters, traffic behaviour and safety precautions must form an integral part of the curricula at kindergartens and schools.*

Aims of teaching and learning

As regards the training of personnel for the public health services, schools and social welfare, insufficient attention is paid to the transmission of sound pedagogic principles.

> *As a component part of general prevention, health education should become a compulsory part of teaching and learning.*

In view of the future relevance of preventive medicine – particularly for young people – it is not enough simply to pass on information.

> *There is an indispensable need to pay due attention to this subject in written and oral examinations, too.*

Expectant mothers

During the prenatal and particularly vulnerable phase of a child's development, particular importance attaches to a mother's knowledge of potential health hazards.

> *The training courses for expectant mothers provided by the health authorities and private health insurance funds must therefore be held at a reasonable distance from the participants' place of residence. This also applies in the case of rural areas. It is especially relevant for repeated pregnancies.*

Advertizing by industry

Advertizing can influence the attitudes of the population. There is a danger that the advertizements disseminated by industrial concerns will produce consumer habits contrary to our health needs. That holds especially true of advertizing about alcohol, nicotine and medicaments. Moreover, advertizements for baby foods must not arouse the impression of their superiority vis-à-vis natural breast feeding.

If manufacturers and traders cannot be induced to effect voluntary self-restriction, consideration must be given to the enacting of statutory measures.

Guidance on Addictions

Despite the campaign to enlighten the general public on the dangers to health from alcohol abuse recommended under the 1975 action programme by the Government and the Länder, no satisfactory results have yet been obtained.

The measures in question should therefore be implemented more vigorously than so far with special attention being paid to young men and women. This programme must also include guidance on the scale of potential damage to a child from the mother's indulgence in alcohol, smoking and tablets during pregnancy.

Guidance services

Even if explicit consideration is given to a knowledge of preventive measures in schooling and vocational training, there nevertheless remain gaps in the flow of available information.

Citizens must therefore enjoy the opportunity to obtain advice and knowledge on individual questions of significance for their own health and that of their families. The gaps in knowledge should be bridged in the following spheres:

- *family planning*
- *genetic questions*
- *education and the family.*

Motivating the general Public to translate Knowledge into health-promoting Attitudes

Positive examples

In their impact as model figures, adults often play a predominant role for young people. Such men and women may be members of the family or public personalities.

With this in mind, the mass media ought to impart greater prominence to positive examples. Parents and teachers alike ought to become more aware of their personal example.

Non-smoking and non-drinking restaurants and clubs

Experience has shown that the sale of alcoholic beverages does not constitute an indispensable prerequisite for the popularity of restaurants. Youth clubs which refuse to sell alcoholic drinks are well attended if they are attractive in other respects.

Encouragement should be given to such establishments. Tax relief could also be taken into consideration in order to even out any possible cuts in turnover.

Canteen meals

Grown-ups and children alike often take their main daily meal away from home in kindergartens, day nurseries, whole-day schools, canteens, restaurants or clubs. The eating habits picked up there are often transferred to the domestic scene with a long-term trend towards excessive or faulty nutrition with all its disadvantages for the heart, circulation and metabolism.

Provision should be made for a regular inspection and expert assessment of the quality of food served in canteens.

School and mass sports

Another point is the lack of exercise encouraged by increasing motorization, the use of labour-saving devices at work and over-eating.

School-children should be taught to make sporting activities a regular habit by offering them attractive sports facilities and instruction. The authorities should assist mass sports, company sports and leisure-time sporting activities.

Preventive Health Services for Expectant Mothers and obstetrical Facilities

Motivation

The fact that many disabilities are due to deficiencies experienced during and after birth was taken into account from 1968 following the introduction of free preventive health services by the health insurance institutions. However, particularly those pregnant women facing enhanced risks to their health tend to make less use of these amenities. They include single mothers, women who have experienced several pregnancies, women from the less affluent classes and foreign wives.

Those women need the direct encouragement of persons who enjoy their confidence and they should, in certain circumstances, also be visited at home. On the basis of experience gathered in comparable countries, midwives are the most suitable counsellors in this context. The existing administrative rules ought to be amended.

Obstetrical facilities

The provision of qualified personnel and sophisticated facilities corresponding to the requirements of modern perinatal medicine is only possible in obstetrical departments which handle an appropriate minimum number of births. By comparison, the proximity of one's place of residence does not hold prime importance.

The compilation of hospital contingency plans by the Länder ought to rest exclusively on these practical requirements.

Free Immunization Schemes

Immunization programme for children

Inoculation against infectious diseases ranks among the traditional facilities provided by the national health service. However, these programmes need to be continuously updated in line with fresh medical findings. Of the sera developed in recent times, particular importance attaches to those against measles and mumps. Although both inoculations are officially recommended, not all Länder defray the cost yet.

These inoculations ought to become part of the general immunization programme.

Inoculation against German measles

One measure of special importance in preventing disablement caused by infection is that of finding an adequate safeguard against German measles. The sickness insurance funds bear the cost of obtaining a natural protection against infection during pregnancy, but not those of the later requisite inoculation.

We therefore recommend that the sickness insurance funds should defray the cost of a diagnosis and any requisite inoculation for women of child-bearing age. It would in fact be sensible to make immunization against German measles for girls at the age of puberty compulsory in all Länder.

Link between inoculations and early recognition schemes

Early diagnosis examinations for children are carried out under the aegis of the sickness insurance funds whilst inoculations are arranged by the Länder and the local authorities as voluntary services. The numerous visits to the doctor ask too much of many families owing to the time and effort involved.

In order to avoid this dual strain on parents' time, the Länder ought to come to an arrangement with the sickness insurance funds whereby inoculations and early diagnosis examinations are provided as a uniform service i.e. inasmuch as group inoculations are not preferable. Doctors in the national health service and in hospitals ought to participate in these schemes.

Fall in the Accident Rate

Despite the great efforts made by the public authorities and by the private sector of the economy, there are still far too many accidents in the Federal Republic of Germany in the home, on the roads and at work.

Road traffic

As an educational measure to reduce the number of traffic accidents involving children, "road safety" ought to become a firm part of school curricula in line with the recommendation voiced at the 1972 Conference of Ministers of Culture.

The arrangements of school routes must accord more with the needs, the typical patterns of behaviour and the limitations of children and less with the criterion of a free flow of traffic.

Drivers must be induced to pay greater attention to children in their driving habits. This set of problems ought to be given greater consideration in driving tuition, too. Courses (such as those for autocycles) should be made mandatory as an introduction to motorized traffic.

Schools

A considerable number of accidents happen at school. The many possibilities for schools to take part in accident prevention have not yet been exhausted.

The greatest possible level of safety must be provided in the layout and facilities of schools. This applies in particular to the corridors, stairways, doors, windows and gymnasia.

A school's administrative regulations ought to be checked at regular intervals to ensure that all organizational measures for guaranteeing optimal accident prevention have been adopted.

The subject of road safety instruction ought to enjoy a more prominent place in teachers' training curricula in future.

School bus services should become more reliable.

At home and during leisure-time

Not enough guidance has yet been furnished for the general population on accident black spots, causes of accidents and methods of preventing accidents at home and during leisure-time activities. This flow of information should not be increased.

Special attention should be paid to particular targets such as housewives, hobbyists, sportsmen and senior citizens.

At work

Despite numerous regulations, a large number of accidents still occur at work because of carelessness or ignorance.

Greater efforts should be undertaken to ensure the realization of the aims of the Work Safety Act in the field of safety and industrial medicine in the factory and office. This holds particularly true of the civil service.

The system of accident prevention must be expanded still further.

New technological developments must pay greater attention than in the past to the latest findings in industrial medicine.

1.2 Early Diagnosis of Disabilities in Children and early Assistance for such Children

In recent years, the early detection of health hazards and diseases – in particular, those liable to produce disabilities – has increasingly become a major objective of medical endeavour. Parliament has meanwhile created the legal prerequisites for attaining this goal by stipulating that 8 early diagnosis tests must be provided free of charge by the statutory health insurance funds. In addition, the Länder bear the cost of examining all new-born children for congenital disorders of the metabolism. Considerable progress has also been made in providing early assistance for such children, even though the standards prevailing in a number of comparable European nations have not yet been reached.

Improving the Utilization of the existing Range of early-detection Facilities

Despite the outstanding international reputation of our programme of early diagnoses, not enough use is made of it by the entitled persons.

Preventive check-ups

Whereas the first two medical examinations after birth are almost always used, the interest of mothers later dwindles and declines to about half by the time the child is four years old.

As past experience has shown, a written request from the sickness insurance funds, the competent doctor or public health office could increase the scale of participation.

Home visits

The smallest percentage of use of the available preventive check-ups is reported for children from families considered to be at risk, even though their health is endangered more than any one else's.

> *In this field, there is a need for direct personal talks between families and members of the municipal and private welfare and social security organizations during home visits.*

Pre-arranged visits

Many parents are discouraged by the amount of time spent at the doctor's on early diagnosis check-ups.

> *Unlike other visits to a medical practitioner, it is perfectly in order in such cases to arrange fixed times for such examinations.*

Improving the Quality and Scale of Early Diagnoses

Further training for doctors

An analysis of the examination results has yielded some significant new findings. Moreover, the advances made in science and medicine indicate how advisable it would be to amend or supplement the programme. Comparisons between the results of the examination reveal that certain tests are carried out too frequently whilst others tend to be overlooked.

> *Hence, special attention ought to be paid to the following areas in the advanced training in diagnostics for doctors: defective vision, impaired hearing, neurological disorders, disturbances in mental and emotional development, metabolic disturbances and disorders of the hip-joints and feet. Special training programmes should also be made obligatory for non-medical professions.*

University clinics and training hospitals

Early diagnosis can only be recommended if the specialized knowledge needed for diagnostics and therapies is taught at training establishments and then augmented in practice.

> *With this in mind, university clinics and teaching hospitals should undertake such early recognition check-ups and make certain that these are not thwarted by administrative obstacles.*

Additional check-ups

Many injuries to the health of children remain undetected up to the time when they reach the age for attending school.

> *One year prior to school attendance would be the best time for the registration and intensive treatment of these injuries without this involving any loss in periods of learning. A pre-school examination of children by school doctors or an additional early diagnosis ought therefore to be introduced as a free medical service by the health insurance funds.*

Damage to the spine often occurs on a wider scale between the age of eleven and thirteen and this is often not recognized until the commencement of gainful employment.

> *The answer to this problem would be for an appropriately qualified school medical service or ad hoc commissioned medical specialists to undertake this work.*

Supplementary diagnostic services

As a rule, the diagnosing of a disablement requires the services of additional pedagogic, psychiatric and social-welfare experts.

> *Appropriately qualified teams ought therefore to be engaged by the municipal authorities, special kindergartens, schools for the educationally subnormal and private welfare organizations.*

School psychologist services

It is only in the larger cities that the municipal authorities are able to provide the services of school psychologists free of charge.

> *However, all schools should enjoy this opportunity and the appropriate statutory foundations ought therefore to be created.*

Statutory notification

To a large extent, the statutory provisions on the obligation to notify the public authorities of disabilities have proved to be ineffectual.

> *An attempt should be made by public relations and other activities to ensure compliance with the notification requirements.*

A comprehensive and coordinated Scheme for early Assistance for disabled Children

Complete network of early assistance centres and offices

Despite the wide measure of agreement on specialized training, the provision of early assistance for disabled children throws up considerable problems in practice because it entails interdisciplinary cooperation in the medical, educational, psychological and social services. Each of these spheres reveals differing legal foundations, patterns of organization and financing arrangements and this circumstance makes a uniform and comprehensive approach more difficult. For example, a doctor's out-patient services are usually remunerated via the health insurance institutions' central cash office whereas his in-patient services and those of the non-medical practitioners are settled by flat-rate sums from the health insurance funds. Psychologists are remunerated by educational guidance departments and remedial therapists by the social services. Be that as it may, there is now taking shape both at local and supra-local level a large number of practical solutions which could clearly serve as a model for the future.

> *Basic provision for disabled children ought to be ensured by* ***local*** *offices designed to give early promotion and capable of being integrated within the existing institutions of the health services, social welfare and schools. Their task will be to coordinate the integrative assistance arranged locally and to remain flexible enough to permit home visits in rural areas, too.*
>
> *There must also be a network of* ***regional*** *centres which cooperate with the local offices and which are available for the implementation of measures after a detailed diagnosis, for the guidance of the therapists and for the assistance of families.*
>
> *All aspects of integrative help should benefit from equal status, irrespective of the incorporation of these centres within the health services, social welfare or educational sector. Only the nature of the disability can justify differing priorities.*
>
> *The* ***highest demands*** *on services ought to be addressed to a small number of supra-regional centres which also take part in research. The most appropriate institutions for this would be universities.*

Priority to out-patient facilities

At all levels, preference should be given to out-patient treatment. Moreover, the parents' views should always be ascertained. If a child is admitted for hospitalization, it must also be made possible to admit one of the parents, too.

Hitherto, the obligation incumbent upon the rehabilitation bodies has not resulted in an attainment of the former standards of guidance furnished by the public health offices. More so than for grown-ups, the advisory services must take into consideration measures which lie outside of the rehabilitation bodies' sphere of influence.

In their function as liaison offices and informational services, the rehabilitation bodies should therefore cooperate with the departments competent for diagnoses and promotion in order to ensure coordinated guidance.

Every disabled child is not only in need of education, but also capable of absorbing such education. For this reason, early training must commence as soon as possible. It should be imparted primarily by the parents and near relatives as the child's principal educators – educators who need specialized guidance and instruction because of the peculiar difficulties of this subject. That should be one of the priority aims for the early-promotion bodies.

The current mixed financing of early promotion necessitates a disproportionately large administrative effort and it does not cover the costs. Hence, one of the participating organizations ought to undertake binding obligations in advance in respect of the measures as a whole. That applies to early promotion at all levels and at all institutions including kindergartens and schools for the educationally subnormal.

1.3 Early Diagnosis of Disabilities and Early Treatment for Adults

The further Development of ad hoc early recognition and early treatment schemes

Need for early recognition of cancer and diseases of the heart, circulation and metabolism

The optimistic expectations of past years regarding a general early recognition programme for grown-ups have only partly shown themselves to be justified. In fact, early recognition schemes can only be deemed sensible if a successful expeditious treatment of the detected impairment of health is possible and if the results are demonstrably better than in the treatment of patients with manifest symptoms. This reservation applies both to the diseases of the circulation and of the metabolism and to rheumatism, psychological disorders and cancer. Parliament has taken this into consideration by introducing preventive check-ups for cancer.

Early detection of cancer

The introduction of statutory provisions on the early detection of cancer can already be seen as a success and steps have been taken to extend it systematically. As from 1.1.81, the previous minimum age limit for women was reduced from 30 to 20 because the early and preliminary stages of cancer – when successful treatment is possible – are also prevalent among the younger age groups. The inclusion of blood-pressure measurements in the examination is intended to permit a better chance of detecting high blood pressure at an early stage.

A more active P.R. programme should, however, be initiated in order to bring about wider participation in the programme – especially by the men.

Thought should also be given to the possibility of improving participation by incorporating early recognition methods in the curative medical sector.

Early-recognition tests for the heart, circulation and metabolism

Early-recognition tests for the heart, circulation and metabolism are advisable if they can lead to effective intervention in the sphere of individual behaviour. Appropriate trial schemes ought to be carefully analyzed and, if successful, translated into fully fledged programmes. At the same time, steps must be taken to integrate the latter into the primary medical services available to the public.

Industrial medicine

In the field of industrial medicine, particular importance attaches to suitability tests and supervisory measures in the light of preventing disabilities. That applies not only to jobs involving a discernible amount of stress, but also long-term unilateral activities. Industrial medicine ought also to devote more attention to the early detection of addictive diseases.

Other Measures designed to supplement the Range of preventive medical Facilities for Adults

Diagnostic help from supplementary services

A successful diagnosis of disabilities can often not be guaranteed even among adults by means of a once-only ad hoc medical examinations.

- *There is a need for supplementary services. Similarly, an expeditious implementation of the requisite therapy – especially in the case of accidents – must be regarded as a significant part of prevention.*

Mental and emotional disabilities

- *A diagnosis of mental and emotional disabilities in particular can only take place on the basis of long-term observations.*
- *Psychological and social services available to persons in emotional conflict situations are utilized more than medical services during the early stages of disorders. For this reason, family and life guidance facilities as well as local welfare services must be made available everywhere and to everyone. They also represent an indispensable part of the requisite interdisciplinary early-treatment services in the field of psychological guidance and social welfare – many of which are still uncoordinated in practice.*

- *Local psycho-social working groups comprising medical practitioners, the psychiatric services of the public health offices, psychiatric hospitals and the large number of out-patient advisory services should be set up in all cities and districts. They ought to undertake the various tasks of prevention, treatment and after-care, work towards the establishment of self-help groups, recognize the dangers of isolation in the community and establish lines of communication.*

Addicts

The early stages of addictive illnesses are often detected by a doctor in connection with bodily disorders. This applies equally to alcohol, drugs and medicaments.

- *The detection of an addiction by virtue of the symptoms requires the deliberate exclusion of such an illness in the case of all complaints which are not justified on the strength of organic evidence.*
- *That in turn calls for consideration of the patient's overall social circumstances and thus the expenditure of a greater amount of time and the enlistment of supplementary services.*
- *The time needed for guidance and treatment must be properly remunerated by adapting the scale of fees to accord with the fees paid for other medical services.*

Immediate assistance in accidents

Frequently, the prospects for accident victims largely depend on the measures immediately taken on the spot. They largely lie in the hands of laymen and the quality of the treatment depends on their skill and readiness for service. As accident victims are often young persons with a high life expectancy, prompt assistance may provide the greatest economic benefit.

- *Firms should therefore take more steps than hitherto to ensure that appropriate courses are arranged and attended by all members of the staff, if possible.*
- *The rest of the population should also be motivated into taking part in "first-aid courses" by more P.R. work via the mass media.*

2

Medical Rehabilitation

Considerable progress has been attained in the Federal Republic of Germany in recent decades in the field of medical rehabilitation. Today, a whole range of high-quality therapeutic clinics, specialized clinics and other special facilities are available for use by the disabled. In line with the advance of scientific knowledge and practical experience in rehabilitation, the important thing now is the develop these facilities still further. A number of suggestions have been set out below.

2.1 Legal Provisions on Rehabilitation

Social assistance law

The present law states that benefits must be granted under "social assistance" for the purposes of medical rehabilitation. However, the appropriate clauses of the Federal Social Assistance Act have not yet been adapted to the corresponding arrangements under rehabilitation legislation.

> *Parliament ought therefore to incorporate the statutory moves towards harmonizing the law on rehabilitation.*

Regulations for civil servants

The current legal provisions governing working conditions for civil servants do not meet the requirements of a modern rehabilitation system. The problem has worsened since the entry into force of the 20th Pensions Adjustment Act. Those civil servants who had fulfilled the insurance preconditions for the granting of rehabilitation benefits by the pension insurance institutions have now been excluded from this.

> *The law on working conditions in the civil service should therefore be amended to make sure that in future civil servants enjoy equal treatment in respect of comprehensive rehabilitation by receiving benefits which equate with those supplied by the rehabilitation authorities.*

Transitional allowance and sick pay

Pursuant to Article 1241, para 4 of the German Insurance Code (RVO) and Article 40, para 4 of the General Administrative Procedure Law and Article 40, para 4 of the RGK as amended in the 20th Pensions Adjustment Act, certain persons in receipt of rehabilitation benefits (e.g. single men or women not obliged to make any maintenance payments to dependants) are liable to have their transitional payments reduced during hospitalization. This provision only applies to cash payments under the pensions insurance scheme but not to those from the other rehabilitation bodies including health insurance. It contradicts the principles of equalizing performances and achieving uniformity among the responsible authorities.

> *It is necessary to harmonize the provisions on cash payments under the rehabilitation scheme for all responsible bodies.*

Private insurance

It should be pointed out in view of the impact upon medical rehabilitation that there is often a lack of timely information and inadequate recourse to private liability insurance schemes in regard to rehabilitees. It has also been ascertained that the contracts concluded with private insurance companies hardly ever refer to rehabilitation.

> *The present provisions on compensatory payments under private insurance schemes ought in future to be extended to include rehabilitation-oriented provisions. The rehabilitations bodies should work together with the private insurance companies similar to their cooperation among themselves. Where necessary, the appropriate legal provisions should be created to enable them to do so.*

Travel costs

Pursuant to Art. 194 of the German Insurance Code (Art. 21b of the Health Insurance Act), the health insurance institutions only bear the cost of travel in conjunction with the granting of rehabilitation benefits if this amounts to over DM 3.50 per single fare. Other bodies such as those for accient insurance defray the full cost of travel for disabled persons. Hence, the aim pursued by the Rehabilitation Equalization Act of approximating the benefits available in the various areas of rehebilitation has not been attained.

> *There is therefore now a need to equalize the provisions on the defraying of fares by all rehabilitation bodies.*

Foreign employees

The medical services available to disabled Germans are provided on the same legal basis to foreign nationals. However, it sometimes happens that insufficient account is taken of special needs deriving from the special circumstances of vocational and social rehabilitation (such as language problems, special family conditions, ethnic structures).

> *Arrangements should be made for guaranteeing that consideration is given to the special circumstances of foreign employees.*

2.2 Rehabilitation Procedures

Notification pursuant to Art. 368 German Insurance Code

Within the framework of the procedure pursuant to Article 368 of the German Insurance Code, doctors are obliged to suggest rehabilitation measures by informing the health insurance institution accordingly. However, doctors are not adequately informed about this obligation. Moreover, it is important that the health insurance institutions should process this with due care and skill.

Furthermore, a doctor who has proposed rehabilitation treatment in compliance with Article 368 of the German Insurance Code is often not given sufficient information about the measures initiated and the progress made. He needs this information in order to ensure the requisite degree of after-care.

> - *The organizations responsible for training and advanced instruction for medical practitioners, the physicians' own professional organizations and the rehabilitation bodies ought to keep doctors informed of the opportunities and procedures available under Article 368 of the German Insurance Code more than hitherto.*
> - *Another issue of importance is to improve the flow of information on each individual case (from the rehabilitation bodies and the rehabilitation centre) to the doctor who proposed treatment.*
> - *The proper recipients for notifications pursuant to Article 368 of the German Insurance Code are the statutory health insurance funds. The latter should be encouraged in their efforts to appoint well qualified staff for rehabilitation tasks. At the same time, attention should be paid to continuous cooperation with the doctors and other rehabilitation services.*

Procedure in hospitals

The organizing of rehabilitation in hospitals, both in regard to its inception and implementation, is not satisfactory in every respect.

> *Specific ideas should be evolved on improving the procedure in hospitals. These must incorporate early and expeditious notification by the doctors and social services at hospitals in regard to follow-up measures for comprehensive rehabilitation. It is also necessary to arrange a procedure for doctors in hospitals corresponding to Article 368 of the German Insurance Code.*

Hospital social service facilities

There are insufficient social service facilities in hospitals. At the clinical level, the inception of rehabilitation measures is a matter for the doctor in cooperation with the social service at the hospital in question. The doctor should maintain active contact with the disabled person, his family, the hospital medical services and – where necessary – the rehabilitation body.

> *A further expansion of the hospital service is absolutely imperative.*

2.3 The Bodies and Institutions active in Rehabilitation

Qualified personnel

The number of qualified personnel available to rehabilitation departments varies considerably.

> *There must be intensified training and active use of all rehabilitation personnel and the available reservoir of experience.*

Guidance services

In addition to the statutory aims of the information and guidance services of rehabilitation bodies, there is also a need for services which cannot be provided by them. These concern in particular questions on the individual circumstances of certain categories of disabled persons.

> *More advisory facilities should be made available and these must meet the wish for counselling on individual circumstances and on advice for specific groups of disabled persons. Consideration might be given to augmenting the advisory services at public health offices, rural doctor's practices, voluntary welfare organizations, central associations for disabled persons, rehabilitation institutions and others. Furthermore, communication and cooperation between all departments engaged in guidance for disabled persons should be improved. The main objective is to ensure the provision of wide-ranging information for all guidance offices.*

Sheltered workshops

At the present time, the workshops for disabled persons (sheltered workshops) do not have the necessary subsidiary medical services at their disposal.

> *Efforts should be made to provide the accepted scale of diagnostic and therapeutic facilities in sheltered workshops.*

Rehabilitation of emotionally disturbed persons

Not enough has been done so far to incorporate rehabilitative considerations within the treatment for emotionally disturbed persons. The demands voiced by the commission of enquiry on psychatric treatment have only been partly realized.

> *The following basic demands must be fulfilled if the rehabilitation of emotionally disturbed persons is to be successful:-*
>
> - *Any inhumane conditions in psychiatric wards which still persist must be eliminated.*
> - *Improvements in treatment must not take place at the expense of long-term and chronically sick patients.*
> - *There is a need for an improvement in psychiatric and psycho-therapeutic treatment. The biggest priority is not to create new services, but to expand and develop existing ones.*

Need for special facilities

The question as to the need for special medical rehabilitation facilities for certain types of disablement has only been partly settled.

> *Steps should be taken to determine and extrapolate the need for special medical rehabilitation for certain types of disablement. This applies to:*
>
> - *Cancer patients*
> - *Persons with brain damage*
> - *Sufferers from burns*
> - *Persons suffering from progressive rheumatic diseases*
> - *Sufferers from neurological system diseases*
> - *Paraplegics*

2.4 Medical Care and therapeutic, psychiatric and social Services. Training, Further Education and Advanced Instruction for Personnel

Central responsibility for rehabilitation

The hospitals of the Federal Republic of Germany and West Berlin have no Doctor with central responsibility for rehabilitation. As a result, the requisite steps for introducing rehabilitation measures are often not taken or else too late.

> *However, each hospital should have at least one doctor with overall responsibility for rehabilitation.*

Medical specialist for the disabled

Doctors treating patients sometimes have difficulties in finding a colleague who can advise and inform them on questions of rehabilitation for certain categories of handicapped persons.

> *These doctors should apply to the General Medical Council or its subsidiary offices for the addresses of qualified colleagues available in rehabilitation bodies and special medical departments or among medical practitioners in the area.*

Training clinics

There is a lack of clinics at which rehabilitation techniques can be taught and made available.

> *Every university ought to have at last one clinic (or academic teaching hospital) at which rehabilitation can be taught. In addition, more rehabilitation techniques should be taught at all university clinics and training hospitals.*

Tuition

There are considerable deficiencies in the teaching of rehabilitation measures at W. German universities.

> *Tuition in rehabilitation methods*
>
> - *must be arranged in as intensive and wide-ranging a manner as possible so as give students the right motivation even in the pre-clinic stage (e.g. in connection with the teaching of medicine-sociology);*
> - *must be provided in ecological subjects as well as in conjunction with the classical disciplines; and*
> - *must ensure that practical instruction can be provided in the institutions for medical rehabilitation.*

Rehabilitation as part of a doctor's training

There persists a lack of information and of motivation among doctors who ought to occupy a key position in discharging therapeutic tasks under the rehabilitation process. This is due to the fact that the training curricula for medical personnel do not pay sufficient regard to a doctor's duties in the field of rehabilitation. At the present time, medical attitudes are largely determined by the classical dualism doctor/patient. As a subject, rehabilitation is only taught by a few medical departments in the Federal Republic of Germany.

> *There must be a better integration of the whole complex of social medicine within the doctor's field of activities. Medical students should receive information about the nature and purpose of rehabilitation and its objectives before they take their final examination. In addition to lectures on rehabilitation within the framework of the classical subjects, interdisciplinary teaching on the wider-ranging aspects ought to be arranged by the competent professor.*

Motivation of medical practitioners

Many physicians regard the social security system as anything but clear and comprehensible and evince little willingness to engage in this field of studies.

> *Doctors-to-be must be encouraged to turn their attention to subjects other than the ostensibly glamorous ones. They should also be willing in the interest of the patient to acquire a knowledge of "dry" material (such as that pertaining to the inception of a rehabilitation process). This is necessary so as to ensure full use of all the opportunities furnished by our system in the interest of the patient.*

Examination questions

The questions on rehabilitation set in the exams on ecological questions mostly deal with socio-economic matters.

> *These questions should therefore be extended to include medical subjects relating to rehabilitation and thus of direct significance for students. The body to consult on this issue would be in the Institute for medical and pharmaceutical Examination Questions in Mainz.*

Tuition for after-care and therapeutic personnel

In line with the valid examination rules, tuition in the after-care and therapeutic services should include "rehabilitation". However, this requirement is only heeded at those institutions which already practise rehabilitation in any case.

> *Curricula should bear in mind the examination requirements and the available teaching materials both for the after-care services as well as occupational and work therapists, physiotherapists, speech therapists etc.*

Further education and training in medicine

The further training and advanced instruction for pysicians and the members of other professions engaged in medical rehabilitation is inadequate.

> *The writers and puplishers of medical works should be encouraged to deal with the subject of rehabilitation more frequently. Physicians and the members of other professions engaged in medical rehabilitation ought to enjoy more opportunities for training and advance instructions in rehabilitation institutions. This further education could also be promoted via easily available literature, films and other media such as those provided by the central associations of handicapped persons.*

Further education facilities

The flow of information for doctors working in nursing homes and private practices is often inadequate. The same is true of the members of the professions active in the field of medical rehabilitation.

> *Wide-ranging assistance should be provided to encourage the inclusion of rehabilitation topics in regional and supraregional courses of further education.*

Specialized physician for rehabilitation

There has been no institutionalization of further training: there is no such thing as a medical specialist in rehabilitation or the recognition of letters or a title to this effect.

> *Despite the existence of such provisions in a number of European countries, it would not seem expedient to introduce the designation "medical specialist for rehabilitation" (doctor for rehabilitation) in the Federal Republic of Germany. In the event of a concomitant transfer of rehabilitative tasks in medicine to a special physician, there is a danger that the bulk of the remaining doctors would no longer regard themselves as competent to deal with the whole complex of rehabilitation. Instead, a decision should be called for on the introduction of a supplementary title "rehabilitation".*

Further training for orderlies

Various sectors of medical rehabilitation, both in the clinical and home-help sphere, are characterized by a considerable lack of personnel with rehabilitation skills.

> *There is a need to make much greater use than hitherto of the opportunities for further training in rehabilitation for nursing personnel in clinics and as home-helps and to provide standard wages and working conditions for such orderlies.*

2.5 After-Care

After-care

The success of in-patient medical treatment is often reduced by a failure to provide after-care or at least on an adequate scale. That applies both to clinical as well as to rehabilitative measures.

> *There is now a need to improve the medical and rehabilitative treatment available after in-patient therapy. This should be done by:*
>
> - *Improving the range of services, in particular in the field of physiotherapy, occupational therapy and logopaedic out-patient treatment.*
> - *Guaranteeing the quality of out-patient after care and social services.*
> - *Creating specialized rehabilitation centres for out-patients which work in close cooperation with local doctors.*
> - *Organizing group activities to guarantee the success of rehabilitation under the guidance of doctors and other experts including in particular psychologists and educationalists.*
> - *Intensifying the efforts made by the organizations responsible for after-care and, where necessary, improving their statutory foundations.*

3

Education for disabled Persons (Pre-school, School, University, Further Education)

Increase in the number of special schools

The expansion and development of training establishments for handicapped children and adolescents have been governed by a number of different criteria and priorities in the various Länder since 1960. The official "Opinion on the Organization of Schools for the educationally subnormal" published by the Standing Conference of Ministers of Culture in 1960 resulted in a substantial rise in the total number of such schools. This increase in scale was supplemented by qualitative measures following the "Recommendation on the Organization of Schools for the educationally subnormal" delivered by the Standing Conference of Ministers of Culture in 1972.

Trial school schemes

These measures, aimed at promoting special facilities, were supplemented by steps designed to promote joint education and training for the handicapped and non-handicapped alike. This took place in compliance with the Educational Council's "Recommendation on educational Assistance for handicapped and potentially handicapped Children and Adolescents" (1973). The endeavours since made by the Länder and the joint Federal Government/Länder Commission for educational Planning to carry out Trial School Schemes have indicated what possibilities there are for promoting joint education for disabled and non-disabled children and adolescents and where the limits lie.

University studies

The opportunities for young disabled persons to pursue university studies were not improved until the mild-Sixties when their special requirements began to be taken into consideration at university and in student accommodation.

Extra-curricular youth training

All these efforts – together with individual attempts to incorporate handicapped adolescents into extracurricular youth training – have made it plain that a number of other objectives and measures will be necessary in order to offset the shortcomings suffered by disabled persons.

3.1 The educational Furtherance of handicapped Children during their pre-School Years

The educational assistance provided for disabled and potentially disabled children at the elementary stage (3 to 6 years of age) forms an integrated whole together with their promotion as infants (from birth to 3 years of age) and continues into primary school education. It embraces medical, pedagogic and social measures which have to be given equal attention and mutual support. Educational furtherance includes the emotional, psychomotorial, sensorial and cognitive spheres.

General kindergartens

If disabled children can be promoted in non-specialized kindergartens, the following recommendations should be observed.

- *The furtherance of disabled children in kindergartens must be oriented primarily towards their individual circumstances.*
- *Their education at home and kindergarten must be inter-related and, where necessary, supplemented by the facilities available at the centres for early promotion.*

- *The general kindergartens must be prepared for these special educational activities and equipped accordingly. That applies to their constructional layout, the appointment of specialized staff, the availability of appropriate materials for games and work and the organization of groups which permit adequate individual promotion.*

Special kindergartens

If disabled children are to be promoted in special kindergartens designed to cooperate with centres for early educational and medical assistance, it is recommended that attention be paid to the following points:

- *There must be no minimum requirements for admission.*
- *The decisive criterion for the size of groups must consist in the educational needs of the given children and not their age. Their furtherance should be organized in regular groups, in individual measures and in flexibly organized small groups for special promotional measures.*
- *As far as possible, special kindergartens should have decentralized locations in the children's neighbourhood and encourage everyday contact with the latter by means of organized meetings and events.*
- *In addition to mutual coordination and consultation with parents, families should be encouraged to pursue self-help.*
- *The educational furtherance of disabled children in kindergartens must not result in any additional financial burden for the parents or guardians.*

3.2 School Education for disabled Children and Adolescents

Schools set out to guarantee the best possible education and training for all children and adolescents. Disabled children should be integrated into the general lessons as far as possible and only taught in special establishments where this is indispensable.

Integrated education at schools

The following recommendations are made for the joint teaching and training of disabled and non-disabled children.

- *The further development of assistance schemes for disabled children at the ordinary schools and an expansion in the number of cooperative school centres in line with the recommendation made by the German Education Council. Precautions should be taken in regard to the realization of these proposals that the integration of disabled and non-disabled boys and girls in cooperative school centres does not lead to any disintegration of the disabled pupils in respect of their local neighbourhood and accommodation. With this in mind, the special educational units in the cooperative school centres must not become too big.*
- *The development of varied curricula for joint tuition for disabled and non-disabled pupils with special consideration for a pre-vocational education designed to facilitate entry into working life.*
- *The reorganization of all cooperative school centres as all-day schools at which the handicapped children's need for therapeutical treatment can also be fulfilled.*
- *The appointment of special teachers at ordinary schools to assist handicapped children and to provide guidance and instruction for teachers and parents. In this context, practicable forms of cooperation should be tried out and practised during training.*

Schooling at special establishments

The following steps are recommended for disabled children and adolescents who are receiving permanent or temporary assistance at special establishments:

- *A reduction in the existing shortage of places in special schools for severely disabled children and those with multiple disabilities; the preparing of special promotional programmes for these children and adolescents; and the strengthening of activities to achieve extra-curricular goals designed to permit a worthwhile way of life.*
- *An improvement in the teacher – pupil ratio at special schools. The goal should be 8 pupils to 1 teacher at schools for children of poor educational attainment and 4 pupils to 1 teacher at other special schools. In addition, personnel with therapeutical training and special counsellors should be appointed at all special schools – including in particular the residential schools. Such staff should specialize in the various different fields (e.g. occupational therapists, physiotherapists, kinesitherapists, psychologists and social workers).*
- *An opportunity for handicapped children to complete secondary-school education after at least 10 years at school and thus to qualify for university studies.*
- *Provision of 12 years full-time schooling for mentally retarded children as an integrated whole between ordinary and pre-vocational education to be followed by vocational training proper.*

Prevention

The following recommendations have been made on the timely recognition and prevention of disabilities:

- *Incorporation of special studies within teacher-training curricula with about one tenth of a future teacher's work being devoted to the acquisition of a special basic educational qualification.*
- *The training of teachers with these special qualifications ought to include two disciplines and to impart practical skills so that these teachers can give the disabled pupils practical assistance in everyday situations over and above tuition itself.*
- *Efforts to ensure a regular flow of information on these special qualifications to the personnel at ordinary schools i.e. teachers and instructors at all levels of tuition. This information, which can also be organized as a further education course, should serve inter alia to achieve a positive attitude towards the disabled and impart special fundamental knowledge inasmuch as a special basic qualification has not been acquired in one's studies and training.*
- *An extension of the promotional measures at ordinary schools and in particular a varying of the tuition and special tuition so that disabled children can sometimes be admitted whilst being allowed to miss certain subjects. There should be a larger number of free hours per week for teachers to help children faced by difficulties in learning their lessons.*

3.3 University Studies

Admission to a course of university studies must be open to every handicapped person who has acquired the necessary qualifications and statisfied the stipulated preconditions. Broadly speaking, disabled men and women are subject to the same entrance conditions as any other students.

Requirements for admission

The following recommendations have been made in respect of university admission:

Exceptions should be made if:

- *the disablement is the reason why a disabled person cannot fulfil the general conditions governing the selection of students;*
- *the disablement restricts the handicapped person in the choice of his profession to certain subjects; and*
- *if a waiting period is an unreasonable demand for the handicapped man or woman.*

Constructional, technical and organizational measures

The following steps are recommended in regard to the requisite constructional, technical and organizational measures:

- *University buildings should be redesigned to suit the needs of handicapped students.*
- *The design of new buildings must take into account the special needs of the disabled.*
- *An adequate pool of mobile personnel (secretaries, orderlies and drivers) must be made available.*
- *The requisite funds for studies should be earmarked.*
- *Individual arrangements for studies should be permissible in consultation with the competent authorities.*
- *The general examination conditions should be such as to enable a handicapped student to meet requirements in modified form.*
- *A central information centre should be established in the Federal Republic of Germany in order to furnish guidance on study courses and admission requirements, student welfare and accommodation, the number of university places and the constructional design of each university.*

Special educational and medico-therapeutic measures

The following recommendations have been made in regard to special educational and medico-therapeutic measures:

- *The use of sensitive educational-psychological diagnostics with a view to determining the handicapped student's individual study situation and the feasibility of completing a sensible course of studies.*
- *Educational and psychological help for handicapped students who doubt their ability to meet the demands of their chosen studies.*
- *Consideration for the specific impact of handicaps on the holding of classes.*
- *Establishment of advisory services for disabled students at universities.*
- *Guarantees on the availability of medical and therapeutic facilities during university studies.*
- *Arrangements to enable handicapped students to take part in university social life outside of the sphere of their own studies.*

3.4 Out-of-School Youth Training

The objective of extra-mural youth training consists in the inculcation of social principles into young persons so as to teach them the value of self-reliance and a sense of responsibility in society. Such training must therefore also be available to disabled children and adolescents, too, in all its aspects.

Teaching social principles

The holding of joint lessons for the disabled and non-disabled in social principles will help to develop new perspectives and willingness to undertake commitments, to display tolerance and sensitivity to the problems of others, and to reduce prejudices. The following steps are recommended:

- *All youth welfare facilities should be planned to provide for the needs of the handicapped, too.*
- *Initiatives should be taken both within and without special institutions to create places and opportunities for the handicapped and non-handicapped to get to know each other.*

- *The cooperation between official and voluntary bodies for extra-mural youth training must be improved.*

- *Youth welfare facilities for disabled persons ought to be incorporated within the Youth Welfare Act.*

- *Land and municipal youth welfare plans must be devised in cooperation with the bodies responsible for youth activities.*

- *The financial assistance granted to educational and leisure-time activities for disabled participants should take into consideration the unavoidable additional expense attendant upon the organizing of special transport services, after-care amenities, venues suitable for disabled persons etc. If necessary, the age limit for the financial promotion of disabled adolescents in extramural youth activities should be raised.*

- *There should be an adequate number of established posts for personnel engaged in the implementation of out-of-school training for young men and women.*

- *During their training and advanced instruction, all personnel working in such extracurricular activities should acquire the knowledge and skills needed for carrying out integrative educational work with disabled young persons. There should be central advisory centres to provide further help in the event of special problems occurring.*

3.5 Further Education

This term embraces all organized learning processes for pursuing or resuming lessons after the completion of a first phase of training. It is marked by the voluntary nature of participation, the plurality of the official bodies and the diversity of curricula and methods. All further education facilities should be available on an equal footing to the disabled and non-disabled alike and the planning and implementing of these courses should be oriented to the needs of the participants.

The following measures are recommended:

- *Further education should be provided jointly for the disabled and non-disabled. The choice of subjects should also give consideration to the problems of the handicapped.*

- *Special courses should be arranged for the latter in order to take into account their interests, their skills and their situations in life. These include organized events which help them to accept their disabilities and enable them as a whole to take part in further education, thus permitting them to integrate into society.*

- *The training and advanced instruction for the personnel of further-education establishments ought to lead to a qualification in working with handicapped persons.*

- *There must be a reduction in the minimum number of participants in further-training activities which qualifies for a subsidy and this financial assistance must be adapted to accord with the disabled persons' actual expenditure. For example, provision should be made to cover the cost of transport for the disabled together with their escorts.*

4

Vocational Rehabilitation for the Handicapped - their Education, Training, Further Education and Retraining

Laws, authorities and institutions

During the past decade, the Federal and Land authorities with responsibility for the vocational training of disabled persons, the central-bodies and institutions for rehabilitation as well as the education and employment organizations have developed wide-ranging facilities for vocational rehabilitation.

However, this continuous development has led to perceptible shortcomings in the rehabilitation process. In line with the analyses which have meanwhile been made, suitable programmes and courses should now be provided to plug the gaps in question without losing contact with the overall system of vocational training.

4.1 The Rehabilitation Process for disabled Young Persons

The end goal of every measure of vocational training, i.e. the provision of full-time or part-time work under our system of employment, should rest on the recognition of an adequate scale of vocational orientation, preparation for the right choice of work and the attainment of proper vocational qualifications.

Preparing Pupils for a Choice of Career

The secondary-level primary schools (Hauptschulen), secondary schools and schools for the educationally subnormal in all Länder have introduced the subject of "work theory" to help pupils in their choice of occupation. This subject does not give sufficient consideration to the specific problems of the disabled.

Careers guidance for schools

The need for continuous contacts between schools, careers officers and training bodies has not always been recognized or only to a limited extent. The existing framework agreements entered into at the Conference of Ministers of Culture on cooperation between schools and career officers have not yet been initiated everywhere or else to a certain extent only. In some cases, this has resulted in transitional difficulties in the move from the school system to the training and employment system.

> ■ *An attempt should always be made to provide a systematic link between vocational orientation and working theory, vocational exploration and practical placement so that the available expert knowledge can help young persons to take a decision which is appropriate to the situation.*

Materials

The information provided in schools on the choice of an occupation is often only available in written form.

The requisite elucidation of the real vocational requirements has not yet been realized in full.

> ■ *The vocational guidance on each subject should accord with actual needs. Moreover, it should be well-delineated and comprehensible to disabled adolescents.*

- *In line with the functional assistance and training in decision-making for non-disabled pupils, an attempt should be made to prepare teachers' didactic materials in an appropriate and methodical manner and to develop measuring criteria for the attainment of an objective decision.*

- *Furthermore, the vocational information service currently operated or planned by the Federal Institute for Employment should be extended to cover the interests of the disabled and thus to include schools within the scheme for providing guidance on the choice of a career.*

Visits to firms and practical training

The shortage of information on the requirements of everyday work can be partially offset by visits to firms and periods of practical training there. In many cases, these are either not provided or not prepared carefully enough.

- *An attempt should be made to arrange informational visits to firms and periods of practical training there. Moreover, these should be prepared and steered by proper educational principles in accordance with uniform principles. At the same time, it ought to be possible to include special educational guidance facilities in commercial enterprises and plants.*

- *Steps must be taken to ensure the availability of such visiting facilities and the provision of trainee places throughout the regions. This includes the willingness of trade and industry to provide schools with more opportunities for visits to firms and for trainee placements. It also includes the motivation of schools in accepting such opportunities as already exist.*

- *The practical placements should not be excessively oriented towards the disabled, because this might restrict the envisaged empircal horizon of young handicapped persons too much and from the beginning frustrate the integrative aspect of a joint education and employment for the disabled and non-disabled.*

Vocational guidance

Although the vocational guidance facilities provided by the Federal Institute for Employment is well-established in regard to the general tasks of such counselling, it is not yet in a position to provide a sufficiently varied range of advice for the various disabilities (e.g. blindness, defective vision, mental handicaps, physical handicaps).

- *Cooperation between the Federal Institute for Employment and the competent central associations of handicapped persons should be increased in order to give greater consideration in future to the practical concerns peculiar to disabled persons and to incorporate these more actively into the guidance provided.*

Training guidance

The careers officers at schools and the Federal Institute for Employment do not yet draw sufficiently on the training guidance furnished by the competent bodies such as the chambers of industry and trade, the chambers of handicrafts etc.

- *In future, the training guidance services should collaborate more actively with the careers officers at the Federal Institute for Employment.*

Special Forms of Vocational Preparation

Nation-wide coordination

In addition to the integrated forms of careers advice at schools, a number of Länder have developed special services both within the school system (vocational introductory classes and technical classes) and outside of it (basic training courses, supplementary remedial courses and courses designed to improve opportunities for integration). These have not yet been adequately coordinated or standardized in their curricula to correspond to the chosen objective.

This situation has given rise to the following recommendations:

- *An attempt should be made to determine uniform provisions on vocational preparations at schools in the interest of the disabled and as much as possible to transfer the special advantages of the extra-mural form (such as supplementary remedial courses) to school situations.*

- *In addition to the development of regional facilities including all the available opportunities at school-, plant and supra-plant level also available for the non-disabled, the development of curricula for the "vocational preparatory year" should be more actively promoted from the standpoint of training and* *practical considerations for the handicapped. In this context, more model schemes should be encouraged and implemented.*

- *The diversity of the services provided by the various organizations in the Federal Republic of Germany should remain but at the same time become more transparent by coordinating their subject matter, thus providing more even opportunities for disabled adolescents.*

Vocational Assessment and Trial Periods at Work

Diagnostics

Provision has not always been made in the requisite cases to ensure the availability of a well designed objective instrument of diagnosis to meet in full the individual requirements of disabled persons and to make early use of the opportunities of vocational assessment and trial periods at work.

- *In order to ensure full and smooth coverage, such assessment and trial periods should be made possible during the school years and also provided by industrial training institutes. This is especially important in problematic cases.*

Industrial medicine and vocational expertise

The measures adopted to assist young persons by vocational assessment and trial periods at work should serve diagnostic purposes by drawing on the expert advice of physicians, psychologists, vocational educationists and social workers. Quite often, the vocational assessment procedures fail to take certain scientific and medical aspects of working life into account.

- *The forecasts about future opportunities in any given occupation ought to furnish a positive picture of the required attainments with which to assess the capacity for training and vocational capacity. At the same time, greater consideration should be given to the scientific and medical questions of work. Overall, an attempt should be made to replace or to supplement the static evaluation of the discernible and present capacity of a disabled adolescent by a better appraisal of his future individual development potential.*

Vocational Training for Young diabled Persons

Statutory provisions

The legal bases for industrial training at Federal and Land level define the goals and the tasks of vocational education as meeting the wide-ranging entitlement of all young persons to occupational training measures which accord with their aptitudes and inclinations. The provisions in the laws on vocational training for disabled adolescents are often so elastic that varying interpretations by the authorities responsible for vocational training do not always lead to a clear-cut views of the real interests of the disabled or at least fail to provide a standard approach.

- *The relevant legislation should be amended to ensure the creation of explicit and standard provisions to govern the vocational training of young disabled men and women.*

Recognized qualifications

The prime goal of all efforts towards promoting the training of disabled adolescents must consist in enabling this group of persons, too, to obtain a proper qualification in a recognized industrial trade.

- *Vocational schools and industrial enterprises alike must be better prepared for the training of disabled persons. Furthermore, exhaustive use should be made of the special opportunities for the handicapped pursuant to the Vocational Training Act or the Crafts Code within the recognized industrial trades.*
- *Framework provisions for the training and examining of disabled persons should be developed so as to facilitate the attainment of full vocational qualifications and the integration of such men and women into working life. There should also be a contribution on the qualifications of the teaching staff at vocational schools and other industrial instructors in regard to disablement-oriented training and examinations.*

Disabled girls

The training facilities for disabled girls ought to be varied enough to permit adequate consideration to individual interests in vocational training.

- *Special attention should be paid to the vocational rehabilitation of disabled girls. Industrial trades must be taken sufficiently into account in vocational orientation.*

Instructors and vocational school teachers

The resolution of the problems directly attendant upon industrial training largely rests on the instructors (master craftsmen) and on the teaching staff at vocational schools. Provision should also be made for the following:

- *More specialized services to supplement training in industrial plants and vocational schools should be provided in the field of medicine, psychology and social work in order to offer a better guarantee of successful training and integration.*
- *At the same time, more documentation and technical assistance should be provided in the field of vocational rehabilitation as centralized or decentralized guidance or by adjusting technical facilities to fit individual needs.*
- *The expansion and development of advisory services on the organizing of jobs and working conditions to meet the needs of the handicapped could facilitate the transition from a vocational training situation to actual gainful employment.*

Special vocational regulations

The harmonization of "special vocational provisions" for industrial training instead of the recognized industrial trades marked a new departure at the Federal Institute for Vocational Training via the "Committee for Questions affecting the Disabled."

- *Greater efforts should be undertaken to develop standard curricula throughout the Federal Republic of Germany with a view to achieving transparency and equality of opportunity and then to have these curricula approved in the vocational training committees by the competent representatives of labour and management.*
- *In addition to these legal and curricular questions, greater attention should also be paid to carrying out model schemes under the auspices of various bodies in order to enable the handicapped and nonhandicapped alike under a dual training system based on an extensive use of inter-institutional facilities to attain a qualification in industrial training which accords with their capabilities.*
- *With a view to achieving equality of opportunity, an attempt must be made to bring about as expeditiously as possible standardization of the trades pursuant to Article 48 of the Vocational Training Act and Article 42 of the Crafts Code. Steps should be taken by means of a wide measure of coordination between labour and management to ensure that industrial training based on special provisions is not restricted to industrial training institutes and that the integration of the disabled into vocational training will continue to be safeguarded.*

Dual vocational training system

In principle, disabled persons are also given a full course of instruction under the dual training system. But even if the services of inter-institutional bodies are enlisted, this system nevertheless does not meet in full the individual needs of disabled adolescents – at least not at most of the training establishments.

- *A more active research into actual requirements and qualifications should be pursued in order to discover the individual requirements of the disabled suffering from the most varied handicaps and thus to make better use of the ascertained findings for industrial training under the dual system.*

Industrial training system

Both in scale and quality, the range of available training places does not correspond to the needs of young disabled men and women. That applies particularly to the balanced local availability of training places.

- *The training conditions in plant and supra-plant training centres should be examined in order to give handicapped adolescents access to industrial training as much as possible in recognized trades.*
- *In future, the assistance granted under the Development of Training Act for industrial training should permit the requisite facilities and staff needed for special support measures. At the same time, more training subsidies should be paid to employers to finance the additional expenditure and to augment training in local plants.*
- *In addition to financial support, it would be helpful if the Federal Institute for Employment and other competent bodies could furnish direct guidance to industrial firms in order to attain a better flow of information on the necessary*

special measures for disabled adolescents within the range of available training facilities.

Workplace

The effects of disablement together with the given circumstances at the plant in question often militate against the conclusion of a training contract – even where the capacity of a disabled adolescent is sufficient to carry out a recognized industrial trade.

- *Thought should be given to whether greater utilization of supra-plant and inter-institutional facilities or of combined schemes under the dual training system might offset the disadvantages faced by young handicapped persons and in this way fulfil the principle of social integration as a matter of priority.*

Social welfare and medical care

In numerous instances, the services of company or supracompany doctors and social workers are not available on an adequate scale or else they are not fully prepared for their functions.

- *Forms of organization and qualification should be developed in order to have the requisite experts available when required.*

External training in industrial training institutes

The mandate given to the industrial training institutes as special bodies set up for initial vocational training is confined to those young disabled men and women who can complete a preparatory course with the requisite accompanying performances. At the same time, industrial training institutes are expected to offer young disabled persons occupational opportunities which lead to a vocational qualification alongside that of the recognized industrial trades.

Range of training opportunities

- *The range of available opportunities in industrial training institutes ought above all to provide for the completion of instruction for a recognized industrial trade with due consideration for the relevant circumstances of the labour market.*
- *As special external educational establishments, industrial training establishments should avail themselves of the opportunity to encourage flexibility by providing more opportunities for acquiring partial field qualifications in vocational training. In individual cases, these measures should facilitate a transition from partial field qualifications to special vocational provisions pursuant to Article 48 of the Vocational Training Act and to Article 42 b of the Crafts Code as well as to recognized industrial trades.*
- *In the light of the estimated requirements, an appropriate spectrum of training opportunities should be available to meet all kinds of disability. These opportunities should meet the demand throughout the regions under the dual system (including the industrial training institutes).*

Vocational school system

Although the facilities of the vocational schools and the special schools for the educationally sub-normal are available, they are neither fully geared to the given needs nor available everywhere.

- *Steps must be taken to realize as a priority matter the agreement adopted at the Conference of Ministers of Culture on the creation of a complete network of special vocational schools. Where possible, these should be integrated within the existing vocational schools in order to reinforce the integrative efforts in educational and organizational terms.*

Permeability

Although the framework regulations and the recommendations in respect of the various occupations pursuant to Article 48 of the Industrial Training Act or Article 42 b of the Crafts Code call for "permeability" vis-à-vis recognized industrial trades, this is clearly not being promoted by the vocational schools in a balanced manner.

- *The framework curricula for schools should therefore give priority to permeability in conjunction with the measures for vocational training. These curricula should be standardized throughout the Federal Republic of Germany for occupations pursuant to Article 48 of the Industrial Training Act or Article 42 b of the Crafts Code by decisions taken at the Conference of Ministers of Culture.*

School facilities

It has become equally clear that schools to a large extent lack any all-embracing facilities for looking after and promoting young disabled persons.

- *The staff planning for establishments as special vocational schools ought to provide for qualified specialists in social work for such welfare services.*

Qualified teachers

Despite all the efforts undertaken today towards obtaining educational qualifications for professional teachers, the latter are prepared to a small degree only for their special pedagogic task of promoting disabled children.

- *The organizers of studies should therefore incorporate rehabilitative education within the curricula for vocational education and within the second phase of teacher-training preparatory to an appointment as a teacher at a vocational school. In view of the necessity in social policy for such a provision, this subject should be compulsory and not optional.*

4.2 The Rehabilitation Process for disabled Adults

The same principles as were already indicated for disabled children and adolescents also largely apply to vocational education for adults, irrespective of the individual form of vocational training chosen. The main point is the need for a smooth transition from the time of recognizing what action has to be taken in order to obtain a vocational qualification or to reorientate oneself on the acquisition of qualifications for obtaining employment to the actual permanent resettlement in working life.

Preparation of Vocational Assistance

Inception of measures

During the medical phase of rehabilitation, a number of difficult groups such as those of emotionally disturbed persons experience special problems in connection with the inception of measures. In numerous cases, the exclusively medical approach to diagnosing the problem is not sufficient and the time chosen for the introduction of the measures is too late.

- *The question of whether vocational rehabilitation is necessary or not should be examined as early as possible in order to ensure the timely commencement of the measure recommended for the disabled person. The obligations pursuant to Article 368 s of the German Insurance Code should be fulfilled more actively than hitherto.*

- *Greater attention should be paid to developing vocationally oriented prephases for the stabilization and safeguarding of vocational training and ability to take up work. This can be accomplished during the medical phase if the competent rehabilitation experts (particularly in the hospitals and special clinics) incorporate the individually requisite services such as rehabilitation guidance, psychology, industrial medicine, social medicine and vocational education within future rehabilitation planning.*

Comprehensive preparations

For a large number of disabled adults, a course of retraining or further education cannot follow immediately after the medical phase, because of certain factors which indicate the advisability of comprehensive preparations for this vocational assistance including vocational assessment and trial periods of work.

- *The approach hitherto adopted to preparatory courses should be re-examined to determine the extent to which it corresponds to the conditions of the vocational or employment-related measures subsequently to be taken.*

- *It would appear to be of special importance to develop alternative preparatory concepts for disabled women and foreign workers and to clarify clearly and definitively the provision of funds for such measures. In the case of foreign workers, this is especially important in order to overcome language barriers.*

- *In addition to developing and trying out specific assessment and/or trial work-period schemes for special groups of handicapped persons, attempts should be made to carry out such schemes even during the medical phase if the circumstances are favourable.*

Vocational Training for disabled Adults

Adult
education
system

The vocational training facilities available for disabled adults (further education and retraining) are incorporated within the overall system of vocational training to a limited extent only. Moreover, there is a lack of systematic documentation and inadequate provision for permeability in respect of recognized vocational qualifications.

- *A systematic account of all vocational rehabilitation measures at all educational levels should be given in order to attain greater transparency for the advisory experts and for the disabled person themselves.*
- *An examination should be conducted to determine whether the provisions of the vocational training laws on vocational training for adults and thus also for the vocational rehabilitation of adults should be supplemented so as to make appropriate allowance for their special interests and those of the disabled.*
- *Steps should be taken by means of uniform regulations throughout the Federal Republic of Germany and the accepted practice of the institutions to safeguard, in substance and in financial terms, the entitlement of disabled adults to the potential attainment of a recognized qualification after a period of training or further education.*
- *At the same time, one should establish whether special uniform training codes or recommendations for adults should be issued on a standard basis throughout the country, since the provisions for schildren and adolescents are not always transferable.*

Internal
vocational
rehabilitation
measures

A large number of firms have undertaken in full the task of arranging for the vocational training of the disabled and integrating them into the workforce. However, the conditions in industrial enterprises do not always favour the introduction of further education or retraining for the disabled and thus comply with their comprehensive claim to optimal rehabilitation.

- *A study should be conducted to ascertain how and whether the measures of vocational rehabilitation in industrial enterprises can be implemented more efficiently with a concomitant increase in occupational mobility.*
- *The business community and the civil service must be enabled to provide emotionally disturbed people in particular with places for trial schemes and permanent employment. At the same time, part-time jobs and other forms of employment should be tried out, too.*
- *The Federal Government, the Länder and the rehabilitation bodies should initiate model schemes for reducing the scale of early invalidity caused by emotional problems. At the same time, they should determine whether the period of assistance can be arranged in a more flexible manner or extended. Furthermore, a look should be taken at whether a special working or sociotherapeutic promotional phase can be arranged at an early stage and whether the authorities can also bear the cost of this.*
- *Works medical services, supra-plant centres and inter-plant social services should be enabled by means of skilled staff or cooperation with municipal psycho-social services to prevent the exclusion of emotionally overburdened persons from the working process or to guarantee the integration of former emotionally disturbed patients.*
- *Every region needs a specialized out-patient service to provide proper assistance in the vocational, social and private sector. At the same time, it should be ascertained in regard to the period of vocational rehabilitation whether employees with family obligations can be provided with an adequate increase in the scale of family assistance measures granted to them.*

Vocational
retraining
centres

Vocational training has reached a high standard in the vocational retraining centres (Berufsförderungswerke) established inter alia to promote industrial training for disabled adults. Provision should be made for the following points in order to improve integrative opportunities for these centres.

- *The tightly knit network of vocational retraining centres must be included on a regional basis within the vocational assistance schemes (vocational assessment, further education, retraining etc.) for emotionally disturbed persons.*

- *The structures of training, accommodation and care at the centres must be adapted to the needs of rehabilitees with emotional problems. As far as possible, this should be done in cooperation with the psycho-social amenities available in the given region. More encouragement should be given to trial schemes for further education and retraining.*

- *The curricula of the vocational facilities should be adapted to the various careers for which the centres provide training by improving the standards of labour-market and vocational forecasting. This ought to be supported by the Institute for Labour-Market and Vocational Research at the Federal Institute for Vocational Training together with special research institutions for rehabilitation.*

- *Steps must be taken to ascertain whether the training given in vocational retraining centres in order to give greater guarantees of vocational continuity for disabled adults can be extended to cover transitional training and further training.*

- *Fresh occupational opportunities should be furnished for those with hearing and speech impediments or defective vision and for the blind in qualified jobs.*

- *The duration of the requisite training for adults needed to ensure a high standard of job efficiency should be re-examined.*

- *The competent bodies should make greater efforts on behalf of the interests and the vocational training of disabled adults (for example, by the appointment and training of special examination committees and the granting of special examination dates).*

- *Special transitional institutions should be set up for facilitating and improving the chance of a smooth passage by means of a graduated system from education to gainful employment. A wider range of ergotherapeutic centres must be provided during the transitional phase, e.g. in the form of rehabilitation-oriented day centres.*

5

Employment of disabled Persons on the general Labour Market and in Sheltered Workshops

5.1 Fundamental Problems

The vocational resettlemet of disabled men and women on the general labour market and in sheltered workshops cannot be viewed as a separate objective apart from the other spheres of life.

Gainful employment is the priority target of vocational rehabilitation. Admission to a sheltered workshop can only take place if the person's disablement does not allow him or her to obtain a job on the general labour market.

In the light of this situation, the following action is recommended:

Legal regulations

- *Enunciation of criteria for the special furtherance of problematic groups awaiting integration into working life.*
- *Re-examination of the term "diminished earning capacity" in connection with the employability of such a person on the general labour market.*
- *Amendment of rehabilitation laws to accord with the special requirements of emotionally disturbed men and women.*

Financial assistance

- *Greater assistance for problematic groups with such restrictions on their performance as may be compensated.*
- *Extension of resettlement grants to employers over and above the currently permissible duration of two years (i.e. an extension of the introductory working phase.)*
- *Financing of the capacity tests up to the attainment of full efficiency by payment of a partial sickness benefit and payment of a partial sickness benefit and partial transitional benefit in order to provide relief for small and medium-sized businesses.*
- *Special promotional opportunities for the creation of jobs and part-time jobs suitable for the disabled.*

Contractual law

- *Extension of trial periods in individual cases.*
- *Consideration for individual working hours in order to absorb fluctuations in capacity engendered by the given disabilities. (This applies in particular to emotionally disturbed people).*

Organization in enterprises

- *More qualified rehabilitation in industrial and commercial enterprises.*
- *Long-term personnel planning within enterprises in order to have a permanent reservoir of jobs for the severely disabled.*

Training, further education and retraining

- *Elaboration of local integrative programmes for the general labour market based on concrete assessments of performance and expectations.*
- *More in-house retraining and further education in order to maintain and safeguard the jobs of the most severely disabled.*

Decentralization

- *Safeguarding of integration on the general labour market by decentralized, out-patient services.*
- *Local expert guidance and assistance for supporting and promoting works-related rehabilitation. There is a need for appropriate organizational improvements and staff recruitment.*

Public relations

- *A stronger flow of information to employers about the assistance available for those who provide jobs for the disabled and other subsidies during the re-settlement phase or for permanent compensation in respect of reduced performance.*
- *More guidance for the general public on the term "diminished earning capacity" and on protection against dismissal.*

Permeability

- *In keeping with the general goal of integrating as many disabled persons as possible on the general labour market, an attempt should be made to attain greater permeability between sheltered workshops and the general labour market.*

5.2 The Employment of disabled Persons on the general Labour Market

Although the steps recommended for the employment of disabled persons are positive in nature, they have nevertheless encountered the following problems.

Problematic groups

Depending on the nature and severity of the disablement and the vocational qualification obtained, the chances vary of finding a suitable job on the general labour market. Certain problematic groups face very substantial difficulties:

- *Handicapped persons from all categories of disablement who, despite their vocational skills, run the danger of no longer being regarded as placeable in employment. (Increase in the number of "marginal cases").*
- *Young disabled persons who are not placed on the general labour market due to their lack of school-leaving qualifications, even though they are too highly qualified for sheltered workshops.*
- *Older, well qualified disabled persons who are no longer efficient at their old occupations.*
- *Disabled women who had no or little vocational experience prior to their disability.*
- *Disabled men and women whose resettlement calls for relatively expensive efforts in regard to techniques, personnel or organization.*
- *Emotionally disturbed persons.*

These problematic groups run the risk of being submerged among the large number of persons officially recognized as severely disabled. The following measures are recommended:

- *The general labour market should be actively incorporated into the process of vocational rehabilitation on a wider scale than hitherto and moreover at an earlier stage. Sufficient consideration must be given to the possibilities of work training as well as to the permanent employment of the severely disabled. This could be achieved, for example, by wider personnel assistance at the place of work and varied organizational provisions.*

- *In order to give handicapped employees a job which matches their vocational qualifications, an opportunity should be sought of improving their prospects for promotion. (Equal opportunities for the disabled).*

- *With a view to acoiding the difficulties of vocational re-integration after giving up work as a result of a disability, priority should be given to keeping one's present job.*

5.3 The Employment of disabled Persons in sheltered Workshops

Article 52 of the "Severely Disabled Persons Act" defines a sheltered workshop as an establishment for the intergration of handicapped men and women into working life. Pursuant to the Ordinance on Workshops of 13 August 1980, it is also an "institution of vocational rehabilitation".

Functions of a sheltered workshop

As this Ordinance of 13 August 1980 cited the technical requirements of a sheltered workshop and the procedure for recognition as such, the main need now is to improve in substance, function and personnel the spheres of introductory procedure, work training and actual work.

Consideration should be given to the following recommendations.

- *Direct assistance for disabled persons upon their integration into the various spheres covered by a sheltered workshop (e.g. cooperation to facilitate admission, transfers; intervention in conflict situations).*

- *The procurement, organization and supervision of assistance designed to supplement the work of the sheltered workshops (e.g. after-care and special education, leisure time and recreation).*

- *Assistance within disabled person's social environment outside of the sheltered workshops.*

- *Assistance with measures which continue the work of a sheltered workshop (such as helping to place a disabled person in other rehabilitation institutions and on the general labour market including the provision of accompanying stabilization measures).*

Development tasks

The following has become necessary in order to guarantee viable and growing workshop activities to meet the future needs of the disabled:

- *An examination should be carried out in order to ascertain how the principle "All the disabled under one roof" operates in practice and how the demands to find internal organizational solutions for certain categories of disabled persons are fulfilled.*

- *When disabled persons from sheltered workshops are placed in jobs on the general labour market, the workshop should be asked to make a contribution together with the rehabilitation bodies and the principal welfare organisations.*

- *The staffing of sheltered workshops with qualified personnel should be increased in proportion to that at industrial training institutes and vocational* *centres if the assistance under such difficult conditions and the vocational training are to be successful.*

- *Steps should be taken to ensure that sheltered workshops also accord with the concept of resettlement help set out in the Federal Social Assistance Act. That is particularey important because, in the working sphere, nearby all benefits are granted in accordance with the Act.*
- *A disabled person ought to receive sufficient remuneration from his work in the sheltered workshop to enable him to earn his living almost independently of the material assistance of others.*
- *The legal status of disabled persons in a sheltered workshop (and in particular their opportunities for active participation) should be examined in order to ascertain whether this corresponds to the change in social circumstances.*

An Environment helpful for the Disabled - Housing, Building, Transport and Technical Helps

6

6.1 Preliminary Observations

Despite the great progress made in recent years towards resettling handicapped men and women in gainful employment and social life, the complete social integration of persons hindered in their mobility has not yet been realized as much as necessary. An accepted communal life for the disabled and the non-disabled living side by side is only attainable if all the factors governing participation by these disabled persons in the many different aspects of life are taken into account in planning, design, construction, building and practical operations.

In keeping with the increased demands for the social resettlement of disabled persons, special attention must be paid to the designing of buildings and amenities in line with the needs of the disabled. The indispensable special facilities for disabled persons must also meet the demands for the social integration of disabled persons by means of careful urban and architectonic planning.

There must be an adequate supply of technical appliances, amenities and procedures which help disabled persons actively to overcome the consequences of their handicap.

In many spheres of the environment, the sound initiatives and results of the Seventies have not yet proved able to overcome the substantial shortcomings. Great efforts will be necessary in the Eighties to comply with the handicapped's justifiable demand for an environment which is better adapted to their capacities.

The implementation of the requisite measures makes it necessary for the participating authorities, institutions and enterprises to conclude agreed and mutually coordinated programmes with the group of persons affected and to incorporate them within the financial planning arrangements. The devising, licensing and implementing of the requisite measures presuppose an appropriate education and a regular flow of information to all occupational categories.

Moreover, it is necessary to arouse public understanding for the requisite constructional and technical improvements and to delineate the means and possibilities of these measures as well as their usefulness by means of ad hoc information.

6.2 Constructional Facilities

Requirements in respect of Accommodation

Because of their lack of orientation and mobility, many disabled persons have to rely on a reationally designed dwelling for their vocational and social resettlement. In this context, it is not only the design of the accommodation together with its ease of approach and access and its technical equipment, but also its site location in the town which are of importance.

The following requirements have to be satisfied:

Appropriate housing

The provision of a dwelling appropriate to the needs of disabled persons – particularly the lame and the elderly – can usually be achieved at a relatively low cost. That applies both to modern and to old houses. The following measures are necessary:

- *Absence of any steps at the entrance to the house and the apartment.*
- *Absence of thresholds.*
- *Wide doors*
- *Suitable room for use by stretcher-bearers*
- *Provision of a lift in houses with three or more storeys*

Dwellings for the disabled

The construction of dwellings for the disabled should be promoted as much as possible within the framework of general building programmes. The following norms and recommendations should be observed:

- *DIN 18025 for the construction of dwellings*
- *DIN 18024 for their immediate surroundings*
- *As small a concentration as possible of dwellings for the severely disabled at any given site.*

Locations for the severely disabled

Those severely disabled persons who live in small households often have to rely on especially equipped accommodation. The following requirements must be observed:

- *Location in the immediate vicinity of a centre providing as many general facilities for the disabled as possible (e.g. the centres of urban areas)*
- *Provision of special amenities needed by the disabled for their after-care, therapy and leisuretime activities.*
- *Planning and construction of new areas comprising old housing stock with a certain ratio of dwellings suitable for the disabled.*

Hostels

For some disabled persons, a room in a hostel designed to cope with their special disabilities represents the best solution to their housing problem. In order to facilitate the social integration of the hostel residents, the location and size of these facilities should be chosen in such a way as to facilitate contacts with the local population as efficiently as possible.

Requirements in respect of Work Places

In many cases, the employment of the severely disabled on the free labour market is rendered unnecessarily difficult due to the inadequate facilities provided at workplaces. Hence, the following measures must be given priority:

- *The rearrangement of existing work places and in particular those areas where handicapped persons work or where jobs can be created for them.*
- *The planning of new buildings suitable for the needs of the disabled (especially in the sphere of private and public services) and capable of providing appropriate jobs for the disabled.*

Requirements in respect of publicly accessible Areas

Among the public buildings and amenities whose approaches and accessibility for the disabled and elderly ought to be improved as a matter of urgent necessity, only a relatively small number can be said to meet the standards in respect of design which accord with the needs of handicapped people.

Buildings

The constructional measures which must be taken in order to improve accessibility to buildings are in particular:

- *A step-less main entrance with a wide door and automatic door-opener.*

- *Car parking-lots for the severely disabled in the immediate vicinity of the entrance of adequate width for entering and leaving.*
- *Vertical lifts (cabin or platform style) for overcoming differences in height and of sufficient size for wheel-chair users.*
- *First-aid rooms suitable for the disabled.*

Sites

As regards the development of town centres to meet the needs of the disabled, the following measures are now urgent:

- *Within the framework of municipal construction direction and planning, the pinpointing of those centres to be developed with the special needs of the disabled in mind.*
- *A redesigning of the major tram, train and bus stops to meet the needs of the disabled.*
- *The construction of appropriate car parks for the disabled in the immediate neighbourhood of the centres.*
- *The elimination of obstacles – including the kerbs alongside pavements – between car parks or bus stops etc and the centres.*
- *Equipping of town centres with telephones, letter boxes, distress signals, slot machines etc appropriate to the needs of the disabled.*

6.3 Traffic Facilities

General Observations

The category of persons who faces handicaps in traffic is not confined to the disabled in the conventional sense of the term. In fact, it embraces frail old persons, expectant mothers, persons with prams and heavy loads and those who are temporarily handicapped by illness or injury. The nature and severity of a disablement produce very different demands on special provisions for the handicapped in the field of traffic with the severely disabled requiring the greatest technical effort.

Chain of transportation

As the functional deficits and obstacles differ considerably, the measures adopted to improve the conditions governing participation in the traffic sphere must necessarily differ, too. At any rate, it is essential to improve the conditions participation in all sections of the "transport chain". Generally speaking, isolated local measures such as the (re)designing of a bus stop or of a public conveyance are ineffectual.

As a rule, a complete chain of transportation is deemed to include the following:

- *Pavements and streets at the points of departure and arrival.*
- *Bus stops etc, stations, airports and seaports.*
- *Public transport conveyances.*

In order to offset functional deficits and restrictions for handicapped persons in traffic, there is a need in the various transport sectors to implement supplementary measures and changes and to effect certain procurements with a view to incresing the mobility of disabled. These are as follows:

- *On the streets: pavements, pedestrian crossings and roadways.*
- *Facilities for overcoming differences in heights: stairs, ramps, moving stairs, mobile steps and lifts.*
- *Facilities at points of departure and destination: bus stops and stations, airports and seaports.*
- *Traffic conveyances: cars, taxis, special driving services, local and long-distance trains and buses, aircraft and ships.*

Implementation

First stages of implementation

Inasmuch as the measures in respect of the above-mentioned facilities have not yet been carried out, the responsible bodies must draw up development schemes as quickly as possible in accordance with the transport requirements of those concerned. The following priorities shall be observed:

- *The gradual realization of complete chains of transportation can help to keep the cost of new purchases within reasonable limits. The reference to the immense cost of an immediate and sweeping development of all traffic sectors appropriate to the needs of the disabled must not result in a failure to undertake important measures. Instead, the first practical steps must be taken as soon as possible in accordance with the following scheme:*
- *Local public transport: buses and trains with priority stops for the disabled.*
- *Regional public transport: expansion of selcted feeder services with priority stations and stops as well as the provision of one carriage for disabled persons per train.*
- *Long-distance train service: expansion of a North-South route with junction stations and with special attention to the network of intercity trains; provision of one carriage for the disabled per train and arrangements for link-ups with international routes.*
- *More assistance from the Federal Government and acceleration of the requisite research projects.*
- *More promotion and close coordination in the expansion of international transport facilities for the disabled (road, air and shipping lines). Where possible, this should be done in conjunction with the creation of international facilities for the disabled in the field of education, leisuretime and holidays.*

6.4 Technical Assistance

This is defined as all those appliances, facilities and processes which help a disabled person to overcome the consequences of a loss of physical or sensorial functions. Both objective and subjective aids are deemed to be means of enabling a disabled person to be self-reliant and, as components in the shaping of the environment, they facilitate and active participation by disabled persons in social life.

Proposed Measures
In order to ensure that the Eighties will offer a wide range of the necessary technical aids corresponding to the current state of technology, the following measures have been recommended:

Research and development

- *A readily understandable formulation of problems specific to handicapped men and women.*
- *The planning of technical assistance by rehabilitation experts.*

Documentation and information

- *Establishment of a central documentation centre for technical rehabilitation aids.*
- *A continuous flow of information to rehabilitation experts.*
- *Establishment of an information and guidance system for organizations and individuals.*

Demonstration and guidance

- *Establishment of well equipped demonstration centres.*
- *Availability of expensive and infrequently required technical aids.*
- *Development of an advisory service manned by experts.*

Individual adjustment

- *Establishment of selected workshops for advisers and ergotherapists.*

- *Preparation and implementation of individual fittings of personal appliances.*
- *Examination of ad hoc facilities for the disabled in dwellings and at work.*
- *Requirement for the institutions to examine the safety and smooth functioning of appliances.*

Quality control

- *Examination of operational requirements and spheres of use.*
- *Test reports in language readily understood by the consumer.*

6.5 Recommendations for 1981

It has been suggested on the basis of the present programme of measures that priority should be given to the following points in 1981 as the International Year of Disabled Persons.

- *Planning schemes in urban development for the design of town centres in accordance with the needs of the disabled.*
- *Site determination pursuant to the same criterion for public buildings and special facilities for the disabled.*
- *Studies and planning schemes for "chains of transportation" in accordance with the needs of the disabled:*
  - *Selected lines in short-distance public passenger services.*
  - *Selected lines and stations of the Federal German Railways with special attention to inter-city connections.*
  - *Good connections in international rail travel to meet the needs of the disabled.*
  - *Selected flight connections for the disabled in large conurbations and holiday areas.*
- *Development of prototype means of transport for disabled.*
- *Development of technical rehabilitation aid oriented towards the disabled.*
- *Holding of a national competition for the best ideas on "Technical Aids for the Distabled".*
- *Preparation and application of examination procedures for the suitability, safety and reliability of technical aids.*

Regulations and assistance

- *The special commissions for urban development, building supervision and construction norms consider the present range of regulations and norms for the disabled to be adequate. The need for an urgent application of planning and planning regulations should be accepted by the licensing authorities and apply equally to the building and to the transport sector.*
- *All building norms and guidelines should be adapted to the building norms for the disabled (DIN 18024 and DIN 18025) as far as these are involved. This also applies to the guidelines on work places.*
- *An attempt should be made to harmonize and develop the valid provisions in the Federal Republic of Germany on promoting measures for the shaping of the environment in a manner calculated to help handicapped men and women.*

Training, further education and advanced instruction

An expansion of training, further education and advanced instruction for the various vocational groups by:

- *Introducing "Environmental Design for the Disabled" as an obligatory examination subject at the relevant universities, technical colleges and schools, and the appointment of professors to teach this subject.*
- *The organizing of courses of further education by the central associations, chambers and administrations for the various occupations which represent and take into account the interests of the disabled in their spheres of work.*

Specialized information and guidance

- *The establishment of a central office for the collecting of relevant national and international data and continuous information from the occupational groups concerned with the shaping of an environment to help the disabled.*
- *The establishment of advisory facilities for the disabled and the staff looking after them – if possible, in conjunction with demonstration centres or workshops – in order to furnish guidance on ways and means of:*
  - *building in such a manner as to meet the needs of the disabled;*
  - *organizing jobs which are suitable for the disabled; and*
  - *adapting individual technical aids.*

Public relations

- *The holding of exhibitions on the theme "Planning and Building for the Disabled".*
- *Incorporation of the latest developments in environmental design for the disabled within the exhibitions of, for example, the transport authorities or at trade fairs.*
- *The organizing of a country-wide touring exhibition with prizes offered for the best contributions on an "environment which meets the needs of the disabled".*
- *The presentation of suitable articles and broadcasts in the media to mark the International Year of Disabled People and the awarding of prizes for particularly good accounts.*
- *Citizen-oriented publications on the requirements and possibilities of an environmental design which helps the disabled.*

Resettlement of the Disabled in Society

7

Overriding goal for all citizens

All efforts to bring about rehabilitation must be geared to the social integration of handicapped men and women. The social integration of such persons must ensure that they are incorporated into modern society on the basis of equal opportunities and that they can play their part in it. Such integration must be an overriding goal for all citizens, state and municipal organs and private institutions.

Resettlement in society cannot be achieved by rehabilitation measures alone. It can only be translated into reality with the active help and support of all citizens. The fundamental preconditions for this are a change in attitude and behaviour.

The unresolved problems of disabled men and women often pose the unresolved problems of society itself. For that reason, every endeavour to bring about the integration of disabled persons into the community must be oriented towards overcoming the difficulties of society, towards understanding each other and living with each other.

The available opportunities for social rehabilitation and integration have not yet been grasped to the full. They ought to constitute one of the priority tasks in the rehabilitation policies of the Eighties.

Importance of "social integration"

It should be pointed out that there is no clearly determinable condition of social integration which is universally valid. The question of what norms should operate for social integration is still a matter for discussion. These norms are also determined by conventions and compromises. "Normalization" may hold good as a general goal. But for many disabled men and women, it is only attainable if their lives are to run their course in conditions which resemble those of the non-disabled as closely as possible. In the light of determinable disadvantages for disabled persons in various sectors of life, one can only speak of a better or a worse social integration.

The supreme goal for every handicapped man or woman is social integration. Within the framework of various resettlement processes and measures, however, social rehabilitation holds a varying degrees of significance. There are groups of disabled persons for whom the main emphasis in assistance must lie in the field of social rehabilitation.

Unresolved problems despite positive progress

In recent years, further progress has clearly been made in the field of social rehabilitation and integration and this has not only derived from numerous legislative measures.

Be that as it may, the wide range and the vagueness (in some cases) of the measures serving to promote "social rehabilitation" and/or the infinite scale of possible measures and aids have resulted in a situation where the most manifest shortcomings have been noted in precisely this field.

To begin with, social integration takes place at a local level within the handicapped person's immediate accommodational and personal sphere of life. Nevertheless, there is a difference between the life-style of handicapped men and women at the regional, urban and rural level and also between one community and another. Sometimes, these differences are considerable. Furthermore, the infrastructure of the assistance for disabled persons varies in extent.

Lack of information

It has been observed that the able-bodied often entertain prejudices against the disabled. The "non-disabled" lack a knowledge of the everyday circumstances faced by the disabled. They also have insufficient knowledge about the techniques of assistance or support for the disabled and the requisite approach and experience regarding relations with such handicapped persons. In numerous instances, the relationship between the non-disabled and the disabled is marked by a cramped outlook, by shyness and uncertainty.

On the other hand, disabled persons often lack sufficient knowledge of the opportunities open to them for rehabilitation. They are still insufficiently aware of their special rights and they sometimes face problems in asserting their justifiable claims. Moreover, they fail to adopt the right attitude to the above-bodied in some cases. In addition, they and their families do not enjoy the requisite help for learning to live with their disability.

The following shortcomings have also been noted:

Other short-comings

The system of complementary and out-patient services is very fragmentary. That in turn implies excessive demands on families with severely disabled members.

There is frequently a lack of out-patient, semi in-patient and decentralized in-patient facilities. Short-comings have also been detected in staffing and in the incorporation of in-patient clinics and their inmates within their social environment.

The organizations and individuals entrusted with the care of disabled persons and their families often lack sufficient information. Cooperation with the relevant bodies is not always adequate.

Disabled persons still face a great many obstacles in buildings and in their everyday life. Furthermore, there is lack of analysis and planning of actual requirements. Despite the range of facilities now available, the financial burden is still too high for handicapped persons and their families. This holds especially true of the cost attendant upon their accommodation in an in-patient establishment.

7.1 Organizational Requirements in Rehabilitation

A number of demands must be voiced in respect of all rehabilitation processes. And it is the fulfilment of these demands which decides whether social resettlement proves to be a success or not. These requirements are as follows:

Similar treatment

The same benefits must be available wherever the preconditions are the same. This fundamental rule is by no means universally accepted.

Coordination and cooperation

Errors in the practical handling of rehabilitation are often caused by the problems of coordination and cooperation. However, a smooth functioning of the rehabilitation system with all its legal and administrative ramifications renders intensive coordination and cooperation unavoidable.

Participation by the disabled

Participation by the disabled in the decisions on rehabilitation procedures has invariably turned out to be an essential precondition for successful rehabilitation. To this end, an improvement must be made in the provision of the essential data and of guidance on the various opportunities for rehabilitation.

Integration

The main priority consists in avoiding the isolation of disabled persons and striving for continuity in vocational and social respects wherever this appears possible and the initial situation positive.

Change in attitudes and patterns of behaviour

It is necessary for all citizens to play their part in the social resettlement of the disabled, because the latter cannot accomplish this successfully by their own resources. This means that all citizens must change their attitudes and patterns of behaviour.

7.2 Objectives for the Eighties

The following aims should govern policy in the Eighties.

Law on rehabilitation and disablement

- *The further development and application of the law on rehabilitation and disablement.*
- *The basic aims must be to provide a wide range of facilities, the transparency and intelligibility of the statutory benefits and to introduce national administration.*
- *There is also a need for disabled persons to realize in full their claim to social rehabilitation and resettlement.*
- *Another requirement is that all rehabilitation bodies must also contribute to social rehabilitation and resettlement if this appears necessary to ensure the smooth resettlement of handicapped men and women.*

Voluntary assistance

- *The activities of full-time staff and experts are not sufficient for social resettlement. It is imperative to obtain the active help of unpaid volunteers in self-help groups, associations and organizations for the disabled.*

Community service

- *Young men rendering community service because of their conscientious objections to military service are obliged to discharge certain functions in in-patient establishments for the disabled, in individual services for the most severely disabled and in out-patient services. Greater use should be made of this category of persons in individual care for the very severely disabled and in mobile social auxiliary services.*

Overriding aims of rehabilitation

The overriding aims of rehabilitation are:

- *A responsible participation by disabled persons in all spheres of life.*
- *Improved communications and contacts between the handicapped and the able-bodied.*
- *More competence for disabled persons to act on their own behalf.*
- *More access by disabled men and women to the world around them.*
- *Maintaining the customary environment of a person who has sustained handicaps inasmuch as this is regarded as optimal.*
- *Permitting disabled persons to participate in municipal administrative decision-making which affects them.*
- *Enabling disabled persons to lead as individual a life-style as possible, even as in-patients.*

7.3 General Recommendations

Main priorities of rehabilitation

The following are the main priorities from the standpoint of "social rehabilitation":

- *Support and assistance for families whose handicaps are often incalculable in the case of severe disabilities.*
- *Greater assistance within the neighbourhood and immediate surroundings.*
- *Strengthening of self-help groups and initiatives because:*

- *Certain forms of solidarity and self-help are indispensable for resettlement.*

It is also necessary:

Legislation

- *to reexamine general laws in regard to any anti-resettlement features and omissions and to try to remedy this;*
- *to extrapolate the Law on Approximating Rehabilitation Benefits and to incorporate the resettlement assistance provided under the Federal Social Assistance Act and the Law on ensuring the Integration of the Severely Disabled in Work, Vocation and Society.*
- *Improving the possibilities for promoting the construction of dwellings designed to meet the needs of the disabled.*

7.4 Recommended Measures

Immediate residential surroundings and personal environment

The following recommendations have been enunciated with a view to creating the conditions for integrating disabled persons in their immediate residential surroundings and personal environment:

- *Preparation of municipal plans for the disabled.*
- *Creation of working groups of equal or mutually supplementary bodies and providers of benefits at municipal level.*
- *Creation of local coordinating and advisory offices.*
- *Increased provision of funds and assistance for handicapped persons.*

Out-patient-services

- *Expansion of out-patient and complementary services, above all in rural areas.*
- *Financial backing for the assistance given to disabled persons sometimes requiring out-patient and sometimes in-patient treatment.*
- *Comprehensive and timely information on appropriate assistance measures.*
- *Information about, and provision of technical appliances designed to permit or facilitate participation in social life.*

Integrated facilities

- *Creation and expansion of integrated facilities for the handicapped and the able-bodied (Kindergartens, schools etc.).*
- *Separation between the residential and the working sphere in semi-inpatient establishments designed to accustom the disabled to normal living conditions.*
- *Improvement in the provision of in-patient and semi-inpatient facilities.*

Environmental conditions

- *Rendering the social environment accessible to disabled persons and creating the technical preconditions for this, inter alia by the redesigning of more public transport conveyances suitable for use by the handicapped.*
- *Gradual elimination of constructional and other obstacles.*
- *Provision and expansion of residential accommodation appropriate to the needs of the disabled.*
- *A wider measure of responsible participation by disabled persons and those taking care of them in municipal decision-making and administrative processes.*

Contacts and communications

- *Improvement in contacts between the handicapped and able-bodied at the various levels of local affairs.*
- *Promotion of communal residential accommodation for the handicapped and able-bodied.*
- *Support for self-help groups.*

Other assistance and facilities

- *Greater assistance (guidance, more facilities) for overcoming the difficulties of adapting to environmental conditions and the transitional phases between the different stages of life.*
- *Provision, extension and promotion of holiday facilities.*
- *Incorporation of sport for the disabled within the programmes of the ordinary sports clubs and associations.*
- *Participation by disabled persons in establishing and extending local advisory services and other amenities at municipal level.*

Disablement and the Family

8

Families often "disabled", too

To a substantial degree, our industrialized society of today measures the value of human beings in terms of achievement. It often equates a disablement with inability to cope with life and thrusts aside all those who do not match this criterion. As a result, there is a risk that a family with a handicapped member can also become a "handicapped family". The nature and scale of this depend on which member of the family is disabled, what the family's social status is and where its external stability stands. In turn, the family's self-esteem depends on the attitude adopted by society. However, a society must be evaluated by its attitude to its weakest members.

Because of the poor prospects for disabled persons of achieving full social integration, independence and economic independence, the family constitutes for a long period of time the main or even the only place for the disabled to gather experience. Admittedly, this creates problems for young disabled persons when they wish to leave home. The debate on the need to achieve more expert skills and professional attitudes in the rehabilitation of disabled persons tends to neglect or to take for granted the family's role in the development and rehabilitation of the disabled. Both of these stances fail to do justice to the efforts, activities and motives of the family in question for the rehabilitation of their disabled member.

8.1 Family Life and Accommodation

Burdens for the family

The continuous economic advances of recent years and the concomitant resolution of the urgent economic problems have given greater prominence to the social, familial and psychological problems of disabled persons.

The additional burdens placed upon families are both physical and psychological in nature. The physical effort – often amounting to excessive stress – for the nurse (usually the mother or wife) entailed by the care over a protracted period of a severely disabled person or someone in need of attention renders it necessary to draw on personnel outside of the family for some of the time. However, this is seldom possible either for financial reasons or due to the lack of personnel.

Apart from the health risks and impairments for the person acting as nurse, there is also the danger of a permanent burden in the "functionalizing" of relations between family members and the disabled person. The former are thrust into the role of "co-therapists" and their relations with the disabled person rest above all upon ensuring the fulfilment of his elementary nursing requirement.

It is particularly in the long-term dependence on such care that the latter becomes the whole point of life for a mother. She is expected to forgo the pursuit of an occupation and to orient her whole life towards looking after the disabled child, thus neglecting her own development and interests.

Identity problems

A disabled person also constitutes a burden on the family in that it has to contend with the social prejudices about the handicapped in general. The family's self-image and self-esteem suffer and identity problems occur. Hence, it is not only the disabled who face social isolation: the other able-bodied members of the family also have to cope with strong trends towards isolation. The permanent commitment to the disabled family member and the wish to use what little free time remains for one's own regeneration represent reasons why families with disabled members live a more withdrawn life and renounce the pleasures of social intercourse. The remaining contacts are those which arise from the disablement.

These remarks have rested on the assumption that there is a disabled child in the family. But what becomes a particularly onerous burden for a family is when the mother herself becomes disabled through an accident or through illness. In that case, there is a complete reversal of roles in the sense that the person who nursed the other members of the family now becomes the patient. This reversal of roles is not only difficult for the wife and mother to accept. It also involves radical changes for the members of the family in regard to their demands, because it calls for the assumption of continuous attention and care in addition to gainful employment or attendance at school.

Living conditions for the disabled

Adequate accommodation is regarded as an essential prerequisite for the success of all vocational and social rehabilitation measures. However, the recognition of the accommodational needs of disabled persons is not only the acknowledgment of a basic need. After all, accommodation usually plays a larger role in the life and experience of handicapped people than it does for the able-bodied.

Despite all the credit due to the efforts of recent years, it must be admitted that the provision of accommodation for disabled persons is by no means satisfactory. As studies have revealed, disabled children often have no room of their own to which they can withdraw. Moreover, some family dwellings with disabled children are located in upper storeys – which, as a rule, results in an additional impediment for the disabled when they wish to establish external contacts.

The need for rehabilitation and gainful employment together with the gravity of a disablement and the handicapped person's own wish to leave home have created the demand for alternative forms of accommodation – whether individual, group or institutional.

Moreover, the further expansion of social in-patient services for the disabled would enable a wider circle of handicapped persons who are now solely reliant on institutional care to remain in their family or in their own dwellings. This experience has been gained with the "mobile social auxiliary services", especially among those people who are in need of care or who are emotionally disturbed.

Ideas, proposals and demands

Measures for including the family within the rehabilitation scheme for the disabled:

- *A guarantee of placement and care in the family depends on supportive facilities for diagnosis, therapy and guidance for the disabled.*
- *At the same time, it is deemed necessary to expand the network of mobile social services, to increase the number of skilled personnel, to widen the regional spread of such services and to ensure their permanent financial support.*

Measures for the relief of families (e.g. on holiday and during illness) and in particular of wives and mothers burdened by care and nursing:

- *In addition to expanding the mobile social services, efforts should be made to relieve families by promoting self-help groups and neighbourhood assistance.*
- *There is a need to provide hostels near the family's home where the disabled member of the family can be accommodated for part of the time or on a temporary basis. In addition, these hostels could serve as "operational bases" for the deployment of mobile services and further-education centres and as venues for the self-help groups.*
- *There is a need to expand facilities so as to provide an all-embracing system, an interdisciplinary scheme for comprehensive guidance on rehabilitation and for treatment, and the technical advice needed by the families.*
- *Financial means and expert advice should be provided to counteract the greater trend among families with disabled members towards isolation by encouraging links among such families and also with non-disabled families (via parents' associations and self-help groups).*
- *In order to solve the housing problems of families with disabled persons, decisive steps will have to be taken towards providing accommodation which meets the needs of the disabled. This will entail the provision of more houses and flats which correspond to the requirements of the disabled, the guarantee that these dwellings will be occupied by disabled men and women and*

complete financial backing for the requisite reconstruction and special fittings. Moreover, there now exists a more urgent need to press ahead with construction measures in public buildings, in road traffic and public transport – all of which form a fundamental prerequisite for the resettlement of the disabled.

8.2 The Family and the Social Environment

Trend to isolation and social prejudice

The excessive reliance of handicapped people on their homes and their family flows only partly from their disablement. To a certain extent, it results from the resignation felt by the handicapped (and the physically handicapped in particular) about the immense number of constructional and technical obstacles in normal premises. By the same token, social prejudices and curiosity induce the handicapped to retreat to the confines of their own homes. Both cases signify a partial withdrawal from public life and a loss of social contacts. This increased social isolation of disabled persons is not simply a problem for them alone, but also for their families since it mostly also involves a greater withdrawal of the able-bodied members.

Despite all the credit due to the efforts of various bodies and organizations, the range of holidays available for the disabled is still not adequate so that recreational trips and vacations are not a matter of course either for the disabled or their families. Side by side with a wide range of commercial tours, there prevails a lack of financial aid for these families to enable them to enjoy the relaxation and widening of mental horizon which handicapped persons need so urgently.

Ideas, proposals and demands

Overall, these demands aim at bringing about the recognition and realization of social resettlement for handicapped men and women. This process also embraces the elimination of constructional and technical obstacles and the development of transport facilities for the disabled.

In addition, greater efforts should be undertaken to induce public authorities, central associations and other organizations to gain the interest of disabled persons for their amenities and organized events by promoting such functions as bring the handicapped together and by providing various kinds of assistance.

8.3 The Financial Situation of Families with Disabled Persons

In recent years, the financial circumstances of families with disabled members have continued to improve and this no longer constitutes their most urgent and serious problem. The benefits accorded under the Federal Social Assistance Act have increased enormously for the handicapped and those in need of care. Nevertheless, a number of financial questions remains unresolved.

Recognition of the care for disabled persons

The general argument in favour of promoting from public funds the upbringing of children as a special contribution by the family to society deserves special backing in the case of families with disabled children. Moreover, attention should be given to the requirements concomitant with the nature of the disablement. The additional tasks of rehabilitation, the lack of special kindergarten facilities etc often make it necessary to look after disabled people for a long period of time. The families concerned accept a considerable cut in their standard of living by forgoing the earning power of the person looking after the handicapped member as well as his/her claim to a pension.

Greater expense

Families with a handicapped member have to bear greater expense in everyday life due to the implementing of rehabilitation measures whose extra costs are normally not defrayed by the bearer of the costs. In some cases, it is difficult to adduce evidence of such costs (as with therapeutic toys, temporary care, separate accommodation on holidays or illness on the part of the nurse or escort).

Inasmuch as any tax relief is provided at all, it is certainly not adequate. A particular burden rests on those families which are unable to pass on any of the cost of rehabilitation measures. That applies in particular to non-gainfully employed wives who do not fulfil the preconditions under the insurance regulations for the granting of rehabilitation benefits.

Disablement of housewives

In the context of "disablement and the family", a non-gainfully-employed woman occupies a special position. Accidents during housework or factors due to one's constitution, illness or age may lead to a disability and dependence on care. Apart from the problems which arise from the loss of the women and mothers for the families, there is usually an absence of the requisite conditions constituting a claim to rehabilitation benefits.

Hardships under the BSHG

A claim to social assistance under the Federal Social Assistance Act (BSHG) is subject to a means test and this leads to unnecessary, avoidable burdens for disabled persons and their families.

In numerous cases, the income limits for these means tests are much too low. In addition, the present provisions tend to encourage the permanent accommodation of the disabled person in an institution rather than in the family.

One particularly drastic feature for families with disabled members consists in the provisions on the reckonability of modest assets and savings. Even the administrative practice adopted in applying the provisions of the Federal Social Assistance Act on "reserved assets" is not uniform.

Ideas, proposals and demands

Recognition of the educational activities and care provided by the families of disabled children:

- *The care and rehabilitation of a disabled child usually call for a long-term or even permanent renunciation by mothers of gainful employment. That in turn results in a smaller average family income and also in the loss of an entitlement to a pension (or to a small one only) and of the mother's own social security.*

  The demand for recognition by society of the care and rehabilitation provided by mothers must therefore also include an extension of maternity leave and the reckonability of the period of care for a severely disabled child dependent on such care towards the qualifying years in social insurance.

Recognition of the services rendered by the person looking after a disabled member of the family:

- *An amendment and indexation of tax provisions is necessary because the current allowances for disabilities do not correspond either to the present rising level of prices and costs or to the general standard of living today.*
- *Steps should be taken to ensure a uniform application of the provisions and assessment criteria set out in the Federal Social Assistance Act.*
- *A reduction in the means tests is proposed in order to limit the burdens impinging on families with disabled members and at the same time to reduce the administrative expense of processing claims for public benefits.*
- *One particularly urgent requirement is accident insurance cover for non-gainfully employed housewives. It is suggested that there should be uniform statutory provision for covering the cost of treatment, care and rehabilitation in the event of an accident.*

8.4 Measures for the Support of Families

Therapeutic facilities and care

Recent studies on the social infrastructure of the Federal Republic of Germany have pointed to the substantial lack of facilities in the Federal Republic of Germany for early diagnosis, treatment and therapy. Above all, there prevails a shortage of appropriate centres and integrated services. As regards in-patient facilities, there is a lack in many regions of appropriate residential centres (hostels) for the physically disabled as well as for other groups of handicapped persons. There exists virtually no system of social institutions and services to support the family. There is no arrangement to ensure an even regional spread of the available facilities. Moreover, there are few plans to make them accessible to out-patients and to support families.

Leisure-time amenities

Another problem of equal gravity is the lack of leisure-time amenities and facilities for the handicapped. One category of men and women who are particularly hard hit by this are those who live in hostels away from their families. They are the people who suffer most frequently from a lack of contact and from social isolation. Such leisure-time and social facilities as do exist specifically for the disabled are confined to the major cities. The availment of general facilities often proves impossible due to the lack of mobility among disabled persons and the constructional and technical obstacles which they face.

These observations are also true of vacations and recreational holidays. On the one hand, there is a scarcity of opportunities for holidays geared to the needs of the disabled whilst, on the other, the families in question lack the financial means of raising the additional costs concomitant with their disability.

Informational and advisory services

The current system of social security mainly guarantees medical treatment and vocational retraining as well as aids towards the social resettlement of the disabled person. However, there is often an equally urgent need for special educational help. Particularly in the rural areas, however, there is a scarcity of adequate interdisciplinary guidance facilities. The counselling and educational services available for parents or other persons looking after a disabled child must not only increase the flow of information and guidance on preventive medicine, early diagnosis and assistance, but also deal with individual educational problems. They must help to encourage educational attitudes and patterns of behaviour towards a disabled child which will ensure its best possible development.

Ideas, proposals and demands

There is a further need for a wide range of local centres for early diagnosis, therapy and service: their facilities must be directed more actively towards supporting and relieving families.

Special efforts should be undertaken towards enabling as many families as possible to undertake the care and welfare of disabled members themselves. To this end, it will be necessary to expand supportive institutional schemes, to promote self-help and to increase cooperation with the families concerned.

- *Families should be more actively motivated by the statutory regulations. They must not be placed at a disadvantage because they have chosen to look after disabled family members themselves.*

- *In addition to extending the leisure-time amenities for disabled persons, a special need for practical measures at various levels persists in order to facilitate their participation in public life and in socio-cultural activities and thus to counteract social isolation.*

- *With a view to safeguarding the vacations and holidays of disabled men and women, their special financial problems must be mitigated by the provision of assistance.*

- *Hitherto, rehabilitation assistance has consisted too unilaterally in promoting the capabilities of a disabled child. The medico-therapeutic facilities must be extended to include educational assistance for the child in question and for its parents.*

The following steps are also necessary:

- *Development and promotion of advisory services capable of furnishing a wide and comprehensive range of counselling.*
- *Suggestions to the bodies administering such advisory services on how to effect better cooperation.*
- *Information for parents so as to facilitate their recourse to the educational facilities provided for parents and families, to marriage and family counselling, educational advice and also to other services designed to help families.*
- *Promotion of self-help groups for the parents of disabled children and adolescents, who are in a position to share their experiences.*
- *Guidance for parents on how to cope with their individual circumstances in life.*
- *Guidance on the opportunities for early promotion.*
- *Preparation and publication of brochures and literature written to furnish information on disabled people, their families, the duties and powers of the various institutions and other bodies providing benefits and the range of regional and local services, organizations und schemes.*

8.5 Special Research on the "Family and Disablement"

Short-comings in research

The lack of institutional research on family affairs in the Federal Republic of Germany is also noticeable in regard to the subject of disablement and the family. Such research as is pursued in this field deals above all with aspects of the rehabilitation or resettlement of individual handicapped persons and less with aspects of the family as the primary unit in life for such men and women. For example, there prevails a lack of fundamental data on the nature, scale and distribution of disabilities; information about age, family circumstances and financial situation; and accommodation standards. As a result, it is impossible to draw an overall picture of their situation in life. The real need is to carry out an analysis of individual target groups of disabled persons and to pursue research on the social causes of handicaps.

Ideas, proposals and demands

Apart from the already expanded volume of medical rehabilitation research, a call has also been made for the development and realization of socially oriented research projects on the situation of disabled persons and their families, the efficiency of institutions and measures, the implementation of model schemes and their scientific back-up. The proposal has been made in regard to the official statistics that one of the next additional polls in the microcensus should include questions on the situation of disabled persons and on their social integration.

It is also recommended that one of the Federal Government's next family reports should deal with the situation of disabled persons. The scale of disabilities, the differences in the conditions of life faced by handicapped people, the extent and the demands of state and social aids and measures indicate how justified this is.

Sports for the Disabled

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A distinction is drawn in sports for the disabled between those pursued

- as rehabilitation
- as leisure-time activities for the masses
- as competitive disciplines, and
- as part of the training at special schools.

A number of problems peculiar to these different fields are discussed below.

Legal foundations and financing

The legal foundations of sports as part of rehabilitation vary. The financing of sports for the disabled takes place, either in full or in part, via the rehabilitation bodies. As a rule, the cost of sports for the disabled as leisure-time activities or competitive disciplines is borne by the handicapped men and women themselves. However, the public authorities do make a contribution in the form of subsidies.

- *Parliament should harmonize the legal foundations by ensuring that sports for the disabled are treated in the context of rehabilitation and health insurance as benefits in kind and that terminological differences between the law governing social assistance and that governing the other organizations of social security are eliminated.*

- *In order to relieve the financial strain on handicapped persons, it is necessary to give greater public assistance to sports pursued by the disabled as leisure-time and competitive activities. The Länder and the "German Association for Sports Help" are called upon to provide more funds in future.*

Educational facilities

The staffing and equipping of ordinary schools and in particular of special schools for the educationally subnormal are inadequate for tuition in sports and an insufficient number of sports periods are in fact provided.

- *The Länder are requested to expand the volume of sport provided at both ordinary and special schools and to do so by measures such as increasing the number of sports periods, appointing teachers with sound qualifications in sports for the disabled and improving the quality of sports centres and equipment.*

Therapy

Insufficient use is made of the opportunities for sport therapy in connection with in-patient treatment and out-patient sport for the disabled. Certain groups of disabled persons such as emotionally disturbed persons are not given an opportunity to take part in sports for the disabled.

- *Sports for the disabled, whether in the out-patient sphere or for out-patient rehabilitation, must be intensified by better staffing and equipment. The appropriate institutions for achieving this are the Länder, the local authorities and the rehabilitation bodies.*

- *The medical profession should be given ad hoc information by the Federal Medical Council, the Federal Association of Panel Doctors and the responsible rehabilitation bodies on the various opportunities for sports for the disabled.*

- *Sports for the disabled should also be available for the emotionally disturbed and also (on a wider scale than hitherto) to the mentally handicapped. The requisite instructors must be trained. Where suitable* *sports methods are lacking, they should be developed. Furthermore, the sheltered workshops are called upon to provide more sport for the disabled than in the past.*

Leisure-time sports

The ordinary sports clubs provide few facilities for leisure-time sports for the disabled. The same applies to the facilities for vocational rehabilitation.

- *The sports clubs are called upon to establish sports groups for the disabled and in particular for handicapped children und adolescents. The institutions for vocational rehabilitation (such as the vocational retraining centres, the industrial training institutes and the sheltered workshops) are called upon to incorporate a wide range of leisure-time sports for the disabled within their programme.*

Training, further education and advanced instruction for specialists

Apart from the initiatives of a few associations and institutions such as the German Association of Sport for the Disabled, training and further education and advanced instruction for experts in sports for the disabled are inadequate, insufficiently differentiated and in need of improvement in both quantitative and qualitative terms. The same applies to the incorporation of sport in the training, further education and advanced instruction for health therapists, occupational therapists and rehabilitation doctors.

- *The various training courses for sports teachers ought to be standardized. At the same time, provision should be made to ensure that sport becomes an indispensable component of all courses of training which lead up to a qualification in working with disabled persons. Over and above medical diagnostics, there remains a basic need for kinetic diagnostics in sports for the disabled since only that makes it possible to provide a specific and individual range of sports and movement. Such diagnostics ought to be made available to the therapists and educationists engaged in sports for the disabled by means of training, further education and advanced instruction.*

Public relations

Public relations work on behalf of sports for the disabled rests on individual initiatives. It serves to provide information and guidance for disabled persons on the opportunities for playing sport and keeping fit, encourages leisure-time activities and fosters meetings between the handicapped and the able-bodied. Only incipient moves have been made towards integrating the reporting of sports events for the disabled within general sports reporting.

- *The press, broadcasting and television organizations are called upon to integrate sports for the disabled within their general sports reporting. The Federal Government, the Länder, the rehabilitation bodies and the voluntary organizations should also take sports for the disabled into account in their public relations work.*

Research

The current scientific studies on sports for the disabled have produced some significant and detailed findings, for example on the mentally handicapped and on persons showing disturbed behaviour. As a whole, the research results to date do not suffice for most groups of handicapped persons as a basis for responsible planning.

- *Improvements should be made in introducing and financing research projects on sports for the disabled and on evaluating their findings. The results ought to be made available to all interested organizations. Appropriate subjects for research projects would be:*

  - *The opportunities and limits of sports for the disabled with regard to various types of handicap.*
  - *The range and contents of sports facilities*
  - *The question of altering attitudes by means of sports for the disabled*
  - *Resettlement via sports for the disabled*
  - *Programmes of training and further education.*

Sports grounds and equipment

Only some of the present athletic grounds and equipment are suitable for the disabled. That is an unsatisfactory state of affairs.

There is an urgent need to supervise the observation of legal regulations governing the provision of sports grounds suitable for the disabled and to impose penalties in the event of contraventions. The reorganization of existing sports grounds which are unsuitable for disabled persons ought to be actively pursued until all of them are in fact appropriate to their requirements.

Training and Further Education for Specialists in Activities for the Disabled

10

General conditions

A process of continuous cooperation between numerous specialized disciplines and vocational groups on the one hand and disabled persons on the other ought to be gradually achieved via the realization of preventive and rehabilitative tasks. Not all those vocational groups directly or indirectly affected are prepared for this wide-ranging task. In some cases, there prevails a lack of the necessary basic information and applicable fundamental knowledge. This is compounded by the realization that the occupational groups often directly engaged in the guidance, treatment, care and promotion of disabled persons do not possess sufficient up-to-date knowledge and skills.

> ■ *It is necessary to build up a system of training and further education which ensures the development and adjustment of preventive and rehabilitative competence for a large number of directly and indirectly affected occupational groups. At the same time, a graded system must be developed – depending on the intensity of cooperation between the groups of persons concernded and the disabled men and women – for the acquisition of basic, additional and special information.*

Target groups

Hitherto, the development and expansion of a system of training and further education has not yet covered all the relevant occupational groups engaged in prevention and rehabilitation i.e. if one considers the valid provisions on training and studies in the individual specialized disciplines as well as on training and further education.

Greater attention should be paid to the following target groups when attempting to improve and strengthen training and further education.

> ■ *Occupational groups directly and indirectly involved in the employment of disabled staff: works councils and shop stewards, employers' representatives pursuant to the Severely Disabled Persons' Act, spokesmen, managers and personnel managers, company and works physicians, in-plant social workers, staff members employed in public administration, the service-rendering trades or in other branches of trade and industry.*
>
> ■ *Occupational groups whose members have some contacts with and for disabled persons: midwives, doctors with their own private practice or in hospitals, physiotherapists, works' in-house instructors, teachers at both ordinary and vocational schools.*
>
> ■ *Occupational groups whose members are concerned exclusively with the disabled: advisers for the disabled at the rehabilitation bodies, voluntary welfare bodies, associations of disabled persons; specialists employed by institutions actively engaged in rehabilitation such as doctors, psychologists, psychotheapists, physiotherapists, occupational and work therapists, logopaedists, social workers, youth organisers, educationalists, nurses, instructors and teachers.*

Coordination of measures

The schemes hitherto adopted for the training and further education of the specialists are hardly ever coordinated and they also fail to correspond in full to actual requirements or to adapt to the possibilities of timely prevention and purposeful rehabilitation.

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Overlapping goals

The envisaged system of training and further education ought to overlap the various occupations in regard to the general aims and to be further developed for the special aspects of prevention and rehabilitation among the various occupational categories. In this context, "prevention" should have absolute priority over "rehabilitation and integration".

The general overlapping objectives may be defined as:

- *Evolution of a spirit of willingness to accept and help the disabled.*
- *Reduction in prejudices against the disabled.*
- *Development of patterns of behaviour both for the disabled and the non-disabled.*
- *Encouraging individual sensitivity to the emergence of problems.*
- *Establishing contacts with the institutions which furnish assistance (e.g. advisory services, the organizations providing benefits, the bodies implementing the agreed schemes etc).*

The special objectives peculiar to the different occupational groups may be defined as:

- *Maintaining skills in one's own profession, for example by acquiring the latest knowledge; refreshing rusty knowledge; and adjusting knowledge and skills to the given stage of development and of practical conditions.*
- *Extending skills, for example by acquiring special knowledge and techniques in one's own professions; and by*
  Learning from the skills of others engaged in rehabilitation activities.
- *Promoting preventive opportunities for intervention, for example by health education; a knowledge of how to prevent triggering factors; measures for early registration and detection; and preventive measures.*
- *Attainment of optimum results in the rehabilitation process, e.g. through the acquisition of more skills and qualifications;*
  Promoting interdisciplinary cooperation; and promoting social range of action.

Training of specialists

The comprehensive system of rehabilitation makes great demands of the directly and indirectly participating vocational groups. Direct and continuous cooperation with experts from other professions has led to a greater need for information over and above one's own occupational sphere. In all of the many occupational categories directly concerned such as instructors, educators, physiotherapists, social workers, teachers, psychologists or doctors, there exist statutory provisions for training and study as well as outline regulations and recognized nation-wide principles. There are also clear indications of shortcomings, a lack of practical applications and a faulty adaptation to fresh applicable findings.

Attempts should be undertaken to realize the following aims in training and studies for vocational groups involved in professional rehabilitation:

- *Revision of existing outline plans.*
  - *Updating of vocational training and studies,*
  - *Inclusion of practical considerations in training and studies,*
  - *Extension of outline plans to include sociological aspects such as interrelationships, schemes for greater self-discovery etc.*
- *Inclusion of basic information on disablement, the impact of disablement and opportunities for prevention and rehabilitation.*
- *Introduction of new and partly tested training and study coursers in prevention and rehabilitation, e.g.*
  - *musical therapist*
  - *health educator.*

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Further training for specialists

In contrast to basic training, the field of further education and advanced training for specialists is not governed by uniform principles and systematic standards. There is a complete lack of universal federal provisions covering the duration and curricula of further education. The plurality of the executive bodies has hitherto permitted ad hoc coordination to a limited extent only, because further education is organized partly by the State but mainly by individual bodies such as private (and commercial) organizations, professional associations, rehabilitation bodies, voluntary welfare groups, church organizations and rehabilitation centres (vocational retraining centres, industrial trainings institutes, workshops). Apart from the problems of organization and curricula, there are other issues which assume considerable importance. These largely entail the financing of further-education schemes and the official recognition of the latter.

- *The broad aims of further education should be to enable those who have pursued their occupation for many years to adopt their professional skills to the latest findings and to incorporate these modern concepts and strategies into one's own work. This would also fill the gaps which occur due to out-of-date training techniques, inadequately qualified teachers and the absence of a practical approach.*

- *Further education should be institutionalized by close cooperation with the existing centres, coordination of curricula, definition of priorities and orientation towards everyday practice. A link with the existing or future centres would permit full utilization of the available staff and premises for further education.*

- *Subject to these preconditions, it is possible to exercise an extremely positive influence on the standards of professional skills and economic planning.*

- *At the same time, efforts should be made in line with the opportunities available in the given centres to establish certain priorities in the curricula and then to offer these on a supraregional basis. Such a streamlining of programmes on the basis of the available capacities would form an essential basis for the quality of the facilities provided.*

- *Outline regulations should be issued. (These should cover minimum requirements in respect of duration, curricula planning, the qualifications of instructors, mutual recognition of certificates, minimum staff requirements). Similar to the situation for basic training, there ought to be an institutionalization of further education and advanced instruction with rules or outline agreements embodying minimum requirements in respect of duration and curricula. Arrangements should also be made for the applicability and recognition of certificates.*

- *Firm agreements should be made on the provision of funds (incorporation of the public authorities, inclusion of financing within the organizing body's scale or charges, inclusion of short courses within the assistance available under the Promotion of Employment Act, and employer participation).*

- *Safeguards should be provided to release employees for courses (framework provisions to regulate employers' scope of discretion and collective agreements on the granting of paid educational leave).*

11

Special Problems facing individual Groups of disabled Persons

11.1 The mentally Handicapped

Suffering caused by rejection

Over 300,000 people in the Federal Republic of Germany suffered brain damage or faulty development during or after birth with a consequent considerable reduction in their intelligence. Such men and women are emotionally much more sensitive than "normal" persons as a rule. There is a long tradition of prejudices towards the mentally handicapped and these are deep rooted. Nevertheless, positive steps have been taken during the last two decades – not least due to initiatives taken by the parents concerned – to help such children and adults in kindergartens, schools, workshops and hostels in participating creatively and positively in the life of the community as free from outside help as possible.

Parents' initiative

Against this background, the following priorities should be pursued during the next few years in order to improve the situation.

Relief for Families

Stigma

Families with mentally handicapped members suffer a great deal of stress due to the increased scale of supervision and education required and the stigmatization felt by all members of the family.

The following action is therefore recommended:

- *The development of public facilities designed to permit unprejudiced contacts between the mentally handicapped and other members of the population.*
- *Expeditious assistance for parents and family members related to the specific problem.*
- *Relief for the demands placed upon families' time and finance.*
- *Promotion of initiatives by which afflicted families can help themselves.*
- *Provision of suitable accommodation and preparation of parents for the natural process of separating from their disabled children.*
- *Promoting the development of short-term accommodation facilities.*
- *Special support (temporary relief, recreational amenities) for families with severely handicapped members to look after.*

Participation and the Right to a Say

Outside decision-making

The extent of outside decision-making for mentally handicapped men and women is difficult for their families and for the experts to determine. However, it ought to be reduced by the following efforts:

- *The mentally handicapped should be incorporated within the decision-making process as much as possible. If they are unable to articulate their ideas themselves, their needs and wishes must be precisely analysed by suitable methods before decisions are taken.*
- *Practice schemes must be developed and incorporated within the overall field of assistance in such a way as to furnish examples for decisions and participation at every level of development.*

Leisure-time and the Environment

An inaccessible environment

In numerous instances, the general range of sociocultural amenities are inaccessible for the mentally handicapped because they lack the help they need in their spare time to explore the world around them. For this reason, it is hardly possible for the mentally handicapped outside of their homes and sheltered workshops to pursue cultural integration, contacts and partnership with the non-disabled, education, recreation, détente and leisure. This deplorable state of affairs could be mitigated by the:

- *Training of voluntary helpers and amateurs for spare-time activities.*
- *Financing of leisure-time facilities.*
- *Increased willingness by sports clubs, cultural societies and other groups to integrate such disabled persons.*
- *Normalization i.e. opening up the organizations of the disabled to the world around them.*
- *Redesigning the environment (in terms of urban planning, housing, traffic, information etc) to help handicapped persons to orient themselves.*

Release from psychiatric Treatment

Misplacement

A large number of adult handicapped persons are still accommodated in psychiatric centres. They are often misplaced and greatly neglected there, because such men and women usually need educational help rather than medical and psychiatric treatment. Frequently, mentally handicapped persons have to live in institutions for the incurably sick and in old people's homes without any special facilities.

An attempt must be made to end the committal of the mentally handicapped to psychiatric centres.

The release of the mentally handicapped from psychiatric centres should be speeded up. Wherever this is not possible or no longer possible, a suitable environment should be created for the mentally handicapped in psychiatric centres with attention being paid to the special educational requirements.

The release of the mentally handicapped from other unsuitable institutions must take place as soon as suitable alternatives can be created.

11.2 Emotionally Disturbed Persons

Lack of services

In the Federal Republic of Germany, there are several hundred thousand men and women – the precise figures are not known – who are of limited long-term emotional stability due to psychological or physical illnesses. Although the law accords these "emotionally disturbed persons" the same status as other disabled men and women, they are often unable to obtain the help to which they are legally entitled because the requisite auxiliary services are lacking or because the people concerned are prevented by their disability from actually laying claim to these services.

Normal needs

Psychologically sick and emotionally disturbed persons have, in principle, the same needs as any other "normal" person. As a result of their lower powers of emotional endurance and their greater sensitivity, however, they react more acutely to a situation in which basic human needs cannot be fulfilled.

Fear caused by proximity

In this kind of disablement, the proximity to what is normal and difficult of a precise demarcation is greater than with all other handicaps. This may also explain the rejection and fear of anything bearing the stigma of psychiatry.

Inhumane accommodation

Despite the development of new effective aids in the medical, psychological and social sphere, there remains a depressingly large number of emotionally disturbed people spending long periods of time in psychiatric wards of hospitals, mental institutions or homes which are not sufficiently oriented towards the needs of these persons.

The following groups are placed in an especially disadvantageous position:

- *Psychotics*
- *Older psychologically disturbed persons*
- *Chronic addicts*

Handicaps in working life

Particulary hard hit are those persons who live on their own amid difficult social conditions. Due to their limited powers of endurance and the mounting demands of modern working life, emotionally disturbed persons experience special difficulties in building up a secure vocational and social position.

Furtherance of emotional Health

Environmental influence

Because of the great dependence of disabilities on environmental conditions, the provision of suitable jobs and dwellings in improving the position of the emotionally disturbed must enjoy priority over the requisite psychiatric and health reforms. The following guidelines should be observed:

> *In all spheres of life (school, work, housing, family, urban development etc), the interests of emotional health must be taken into consideration in order to reduce the risks of illness, increase the chances of convalescence and to expand the opportunities for resettlement.*
>
> *Emotional disabilities impinge with particular severity wherever additional educational shortcomings and drawbacks plus financial distress prevail. These disadvantages must be tackled primarily by social action. The resulting problems must not simply be left to the psychiatrists.*
>
> *The problem of psychiatry cannot be resolved solely by material improvements. Priority must be assigned to a revival of intellectual ideals which prevent deliberate and unconscious violations of human dignity and human rights.*
>
> *The welcome efforts to achieve equal status for the emotionally disturbed and sick as that given to other groups of disabled persons must take into account their special needs. Legal provisions and assistance measures alike must give consideration to the special problems of emotionally disturbed persons.*
>
> *Psychiatry, psychotherapy and psychosomatics must make people aware of the fact that not everything deemed to be disturbing behaviour or suffering can be overcome by therapy. Only in this way can tolerance be created for dealing with divergent attitudes in the world around them. Only in this way can people accept their own limitations and thus create the ability to help themselves.*

A Reduction in the Number of Large Hospitals

Local help

The basis for treating and looking after the emotionally sick and disabled is still the large psychiatric hospitals handed down from the last century. The outcome of treatment in such establishments is a loss of a normal relationship with outside life and additional hospitalization damage. Model schemes introduced in a number of regions over recent years have shown that alternatives do exist to the large type of hospital. The mentally ill and the emotionally disturbed can be helped without committal to some remote hospital if a system of varied local services is made available (out-patient services, day clinics, crisis-intervention services, departments in general hospitals and constructional adjustments in dwellings and at work). Hence, there is a need for:

- *joint action by the Federal Government, Länder, local authorities and social insurance institutions in order to implement the recommendations made to the German Bundestag by the 1975 Commission of Enquiry and directed towards replacing the system of large hospitals by a decentralized and local range of out- patient, in-patient and combined facilities;*
- *the elimination of inhumane living conditions in hospitals, institutions and hostels; and*
- *an energetic promotion of private initiatives intended to help people with emotional and social problems before, during and above all after therapeutic and rehabilitative measures to take part in social life.*

11.3 People with Hearing and Speech Defects

Lack of contact

A large number of people in this country suffer from a serious hearing impediment or actual deafness or are deaf-mutes. A hearing impediment leads to a curtailment of one's ability to communicate and in numerous cases to major handicaps in the cognitive, psychomotorial and emotional-social spheres. From an early age, persons with a hearing or speech defect enjoy official assistance under a range of services extending from special schools to vocational training establishments. There is an adequate number of training places for adolescents with a hearing impairment. However, there are few opportunities for the deaf or partially deaf to take part in social life.

Development of educational and vocational Rehabilitation

Further measures

There is a need in the sphere of educational and vocational rehabilitation for further measures, both as regards early assistance and in the schooling and training system:

Preventive medical check-ups (up to four years of age) and during the school years must pay greater attention to hearing impairments.

A tenth year of schooling for the hard of hearing and the deaf ought to be made compulsory in all länder. A leaving certificate should be obtainable upon completion of education at an upper primary (secondary modern) school which corresponds in quality to that of the ordinary schools.

A grammar school for the deaf should also be established in the Federal Republic of Germany.

There ought to be a well distributed and balanced system of schooling for deaf and partially hearing pupils with multiple disabilities.

Facilities for further education and training should be created for young persons with a hearing defect who have already finished their vocational training so that they can adapt to the rising level of demands at work.

An adequate range of training establishments must be provided for (partially) deaf persons with multiple disabilities. The early promotion and training time for this category of persons must be extended.

Improvement of social Resettlement

After-care

Participation in social life is only possible for men and women with a speech or hearing defect to an extremely limited extent. There are gaps in social rehabilitation as well as in after-care. Priority attaches to the following measures:

A rehabilitation centre must be created for the hard of hearing and the dumb which provides all the necessary pedagogic, medical, psychological, technical and social aids.

After-care must be developed. The personnel of all the services needed to implement this task must be given further training. A larger number of interpreters for the deaf must be trained.

The television series "seeing instead of hearing" must be expanded and lengthened. Informational and entertaining transmission must be provided with subtitles. The dispatch of video cassettes with subtitled transmissions should be exempt from postal charges or at reduced rates.

The preconditions must be created for ensuring that the deaf obtain a writing telephone.

The degree of disablement suffered by the deaf and the dumb ought to be re-examined in the light of their capacity for gainful employment.

11.4 Blind and visually handicapped Persons

Many old blind persons

There are about 80,000 blind persons in the Federal Republic of Germany including 1,000 children and 15,000 gainfully employed men and women. 70% of them are over 65 years of age. No precise figures have been given for the number of people who, without actually being blind, nevertheless have such defective vision that they can hardly recognize anything without special technical aids. There are estimates which speak of more than a quarter of a million such persons in this country. There are about 7,000 pupils at schools with a visual handicap.

Social insurance

In comparison with other groups of disabled persons, the blind can look back upon a long tradition in educational and occupational training and in self-help organization. During the last 175 years, a varied school system has developed and this has been recently supplemented by facilities for vocational training. By virtue of the influence which they exercised upon legislation, the organizations of the war-and civilian blind have helped to bring about exemplary social insurance provision for the blind in the Federal Republic of Germany.

Schools

The story of rehabilitation for persons with a visual handicap is shorter. Although the first special school for them was opened at the turn of the century, they have since found it more difficult to obtain recognition as a group of disabled persons with specific and often difficult problems. There is still some way to go in developing the school system for them.

Recommendations

Measures

The following action should be taken in order to overcome systematically the existing shortcomings in the educational, vocational and social spheres.

More care should be provided for blind and partially sighted children in integrated lessons at ordinary schools or in tuition at special schools. If possible, a choice should be offered. Tuition in ordinary schools should only be offered if the requisite preconditions have been fulfilled.

Blind children and those with a visual handicap should enjoy opportunities for further education and advanced instruction. More promotion should be given to tuition by correspondence courses, radio and television.

Vocational resettlement must be improved by the maintenance of well-tried methods on the one hand and by the development of other requisite occupational opportunities on the other. Not least among these will be the development and provision of technical aids.

Public institutions should be arranged in such a way as to enable the blind and the partially sighted to find their way around.

Social rehabilitation should be expanded by increasing appropriate promotional facilities – mobility and practical training etc – so that it becomes *available for all blind persons and those with visual handicaps (i.e. including those who are not gainfully employed) together with their families.*

The production of publications in braille should be expanded and subsidized.

11.5 Persons with physical and multiple Handicaps

Among the special problems affecting persons with multiple disabilities ranks the mounting degree of social isolation concomitant with growing severity of the physical and mental handicaps. Furthermore, there exist a number of shortcomings in the provision of services and also several legal problems. The following steps should be taken as a matter of priority in order to ameliorate the situation of those with multiple handicaps:

Local assistance

- *All the appropriate aids should be created and strengthened in order to counteract what is actually felt as rejection. Disabled persons and their families should be included in planning and execution.*

De-marcation

- *Both in the institutional sphere and in the training and further education for medical and non-medical personnel, steps must be taken as soon as possible in order to eliminate the present difficulties attendant upon the in-patient accommodation of the physically disabled who are also mentally handicapped. The rigid demarcation between the services provided for the two kinds of disability must be critically reviewed.*

Accident cases

- *The range of special clinics must be expanded in line with ad hoc plans. There must also be safeguards that all injured persons are provided without delay with the best in-patient treatment in order to eliminate the risk of additional severe disabilities due to a delay or omission in special clinical treatment. The present shortcomings and the differences in treatment all impinge upon the well-being of the disabled.*

After-care for cancer patients

- *After-care treatment for cancer patients must be expanded on a broad basis. A thorough system of after-checks and after-treatment ensures not only the best possible cures, but also reduces the severe emotional burdens faced by those afflicted in this way.*

Ortho-paedic aids

- *Persons with multiple disablements need a double allocation of orthopaedic aids in order to permit an adequate and optimal flow of supplies. The latest developments in orthopaedic techniques ought to be made accessible to the very severely injured. It would also be a good idea to set up central advisory and distributive centres to ensure a smooth flow of orthopaedic aids to all handicapped persons.*

Donors of human organs

- *A statutory enactment should be made in the near future on the donation of human organs since any further delay would impair the afflicted person's life expectancy. It would be sensible to harmonize the provisions throughout the European Community. Living donors of organs ought to receive appropriate compensation for the resultant damage to their health.*

Report on persons in need of care

- *The situation of disabled persons in need of care requires all-round improvement both in regard to the flow of information and to research. A report on the situation of persons in need of care in the Federal Republic of Germany ought to contain reliable data, inter alia on the accommodation of younger handicapped persons in nursing homes for old people.*

Insurance

- *The risk of hospitalization ought to be covered by insurance arrangements so that the persons concerned and their families are no longer dependent upon the social services.*

Assistance for nurses and orderlies

- *Those persons and in particular family members who look after disabled men and women should be given priority in medical services designed to maintain their health.*

Research and Documentation

12

General conditions

Research and documentation in the field of disablement and rehabilitation are geared towards the prevailing concept of the aims and objects of resettlement. The lack of a universally accepted definition of disablement and the wide spectrum of "rehabilitation" have meant that there have only been incipient moves towards research and documentation in line with a uniform nomenclature.

That implies that there are the following needs in research and documentation:

- *A system of information and documentation must be developed as a matter of priority in order to provide coordinated access to rehabilitation-relevant data in existing centres of specialized information and technical documentation.*
- *The development of new concepts of strategy and assistance in research has become essential in order to match the sophisticated character and interdisciplinary moves in research on disablement and rehabilitation and to permit a sensible co-existence between research on commissions and applications and also an appropriate coordination of research projects.*
- *An examination should be carried out in order to determine whether an independent research council should be appointed and a central advisory service set up.*
- *The approach to research and documentation should take into account the needs of a broad range of applications.*
- *Those with responsibility for the rehabilitation and furtherance of disabled men and women are called upon to earmark funds and capacities for research and documentation on a large scale in their institutions and to take more initiatives on research and documentation.*

Current problems of research

An analysis of the well known efforts in the field of research has revealed that the interdisciplinary moves towards more research on rehabilitation are not always taken sufficiently into consideration: this applies to both research institutions and to the promotion of research. Many questions are directed too unilaterally towards medical, psychological or educational aspects. As a result, the approach in research is often geared too much to the actual damage and functional disturbances without giving adequate consideration to the disabled person's overall living conditions and needs. At the same time, there is a lack of adequate coordination of research projects – particularly at interdisciplinary and international levels. This reveals that research strategies which take into consideration the dynamism and complexity of rehabilitation as a research subject have not yet been sufficiently developed and tried out.

The relationship between research and customary practice is problematic in two ways: on the one hand, a number of research projects fail to pay adequate attention to practical requirements; and on the other, the translation of research results into practice has not been safeguarded enough.

The financing of research entails a number of problems. Not enough attention is paid to small groups and projects. In the case of major projects (which are often implemented by organizations without any special qualifications in the rehabilitation sphere), doubts are sometimes voiced about the economic use of the promotional funds.

Priorities in research

In addition to institutional questions regarding research policy and strategies and their furtherance including the mastery of the problems involved, the following main areas of research in rehabilitation ought to enjoy priority:

- *The further development and testing of methods for determining individual requirements and plans in respect of rehabilitation.*
- *Examination of the possibilities for furthering and looking after disabled and potentially disabled persons in the hitherto neglected phases and spheres of their life.*
- *Studies on the social environment of disabled persons and its influence on disablement and rehabilitation.*
- *Studies on opportunities for an improved articulation of their needs and representation of their interests by disabled persons and their mentors.*
- *An analysis of the efficiency of rehabilitation and assistance schemes, rehabilitation processes and their organization.*
- *An investigation into the cause, etiology and impact of certain disabilities and the corresponding rehabilitation needs.*
- *Intensification of prevention research and an examination of the links between rehabilitation and prevention.*
- *The systematic development and evaluation of programmes of training, further education and advanced instruction for rehabilitation experts.*
- *The further development and testing of rehabilitation-related media and aids.*
- *The further development and testing of procedures and programmes for promoting disabled persons for the pre-school, school and work sectors with special emphasis upon rehabilitation.*
- *Processing the problems of definition, classification and statistics in the field of disablement and rehabilitation.*
- *The further development and ad hoc testing of adequate research techniques and strategies in the field of disablement and rehabilitation.*

Current problems of documentation

More than in virtually any other sector, the potential final users of documentation consist of experts from all fields and all professional levels of rehabilitation and of the disabled persons themselves together with their families and helpers.

System of documentation and information

However, there exists no universally acceptable, problem-oriented system of registering, storing and disseminating information in a manner which helps the user. Hitherto, there have been insufficient sources of information about what data are documented by what organizations, as coordination and cooperation between the available documentation centres is inadequate. At the same time, it should be borne in mind that the known level of documentation in the various sectors of rehabilitation is very uneven and that many subsectors are missing.

- *Efforts should be made to build up an interlinked system of documentation and information for the rehabilitation sector which will embrace an adequate number of documentation and information services.*
- *Efforts should also be made to set up advisory and supply services for technical, educational and rehabilitation aids where the use of the latter can be tried out. These services must be staffed with skilled advisers.*
- *The documentation and information systems must be arranged in a varied and accessible manner (i.e. a problem of distribution), and measures must be adopted to render special technical information understandable to the layman (information for the masses). The existing arrangements should also be incorporated.*

- *In view of the special category of users, one should examine whether the end-user can be expected to bear the costs in full or whether other schemes ought to be developed for the basic financing.*
- *One should also examine the extent to which it is necessary to render the various technical terms employed by the experts in the field of disablement and rehabilitation comprehensible to the end-user by special language processing (such as that tried out in the USA).*

Areas of documentation

The documentation ought to cover the following areas:

- *literature*
- *current and completed research projects*
- *products, objects, didactic materials and technical aids*
- *rehabilitation and prevention facilities, educational and promotional services for the disabled (addresses, indications, therapeutical opportunities, capacity, responsible authority)*
- *facilities for teaching, research, training and further education*
- *experts*
- *data, statistics including documentation on findings, case-studies*
- *laws, ordinances, guidelines, court rulings, norms*

13.1 Objectives and Recommendations for the Implementation of Public Relations Work

More
P.R. work

P.R. activities in the field of prevention and rehabilitation must be assigned greater importance in the Eighties. This demand is linked to the detailed recommendations on P.R. work for the International Year of Disabled Persons 1981.

Problem
of public
awareness

A number of significant achievements – particularly in financial support for the disabled – have undoubtedly been made in this field in recent years and decades, above all by virtue of a progressive legislation and a growing public awareness of the problem. Nevertheless, this cannot blind us to the fact that the recognition of disabled persons as equal partners with equal rights in all social spheres has not yet taken place on the desired scale and that prejudices are still wide-spread.

Reducing
the gaps in
information

With a view to bringing about a sustained improvement in the situation of disabled men and women in the Eighties irrespective of economic trends, a more vigorous volume of public relations activities must be undertaken to reduce the persistent shortcomings in the flow of information and to counteract prejudices. This in turn involves four main tasks:

Promoting the Resettlement of disabled Persons

Promotion of
integration

The integration of handicapped men and women should be actively furthered in all social spheres. The tasks in public relations are as follows:

- *Provision of more information on the situation of disabled persons, their everyday problems and their special problems.*
- *Accelerating the elimination of prejudices and researching their deeper causes.*
- *Correcting false ideas on disabled people and on the emergence of disabilities.*
- *Stressing the achievements of disabled people in holding their own in life.*
- *Developing, testing and safeguarding fresh forms of communal life for the handicapped and the able-bodied.*
- *Initiating many direct contacts and meetings between the handicapped and the able-bodied in all age groups.*
- *Reducing environmental barriers which add a further obstacle to the lives of the disabled.*
- *Propagating more than hitherto technical aids and assistance techniques and making optimal use of them.*
- *Providing vigorous support for a humanized working world adapted to the needs of the disabled.*

- *Developing solidarity with disabled persons in all spheres.*
- *Motivating disabled persons to take the initiative themselves and to accept responsibility for their own interests.*

Better Use of available Opportunities for disabled Persons

Use of available opportunities

The available opportunities for handicapped men and women must be used more efficiently. To this end, there must be:

- *an improved flow of information on the legal, financial, technical and practical possibilities of obtaining new findings and new facilities,*
- *improved assistance in order to make more effective use of the available opportunities.*

Creation of better Opportunities for disabled Persons

Development of fresh opportunities

Better opportunities for handicapped people in legal, financial, technical and practical terms.

This requires:

- *development of a more understanding awareness of the given problems*
- *submission of concrete proposals and demands, above all for particularly handicapped groups*
- *translation of the proposals and demands into practical reality with the direct participation of those affected*
- *abandoning an inappropriate profitability approach, for example in decisions on rehabilitation measures.*

Improving the Chances of Prevention, Early Detection and Early Assistance

Improvement of opportunities

The following steps are recommended:

- *More guidance on the importance and the chances of avoiding disabilities or limiting their impact.*
- *Development of better opportunities in the field of prevention, early detection and early assistance*
- *Improvement of existing methods and facilities and re-examination of new methods and facilities with a view to their adoption.*

13.2 Implementation of Public Relations

P.R. activities at as many levels as possible, carried out with disabled persons and as much as is feasible via them, can serve effectively to accomplish the defined tasks. To this end, the disabled persons' self-help groups must receive special promotional funds for their own P.R. campaigns. Any publicity which ignores the true interests of disabled persons must be avoided.

Special significance attaches to the growing demands by disabled persons for giving priority in P.R. work to those spheres where changes in attitude and solidarity with disabled persons can be achieved. This can best be done when the able-bodied are in a position to gather direct experience with the disabled, when refusal to communicate is overcome and when direct meetings are initiated at as many levels as possible. That leads us to the demand that organized events, campaigns and activities should, in principle, be planned with disabled persons.

Achievements must remain effective

All measures and demands by other working groups on rehabilitation activities in the Eighties should be backed by appropriate P.R. work. By the same token, steps must be taken to ensure that the achievements of the International Year of Disabled Persons remain effective beyond 1981 and that the living conditions for the handicapped continue to improve and enjoy support. It is recommended that an opinion poll should be conducted at the start and end of the International Year of Disabled Persons so as to obtain a better chance of judging its impact and consequences and also to be better able to define future objectives. It is also suggested that ad hoc P.R. measures adopted during the International Year of the Disabled Persons should be reexamined with a view to assessing their effectiveness and, if necessary, continued beyond 1981. When the results have been checked, a more specific form should be imparted to public relations activities for the Eighties.

Fundamental Recommendations

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Of the recommendations set out in the Report, three in particular should be emphasized:

I. The further Development of Rehabilitation Law

The legal provisions on rehabilitation must be developed with the aim of providing comprehensive, intelligible and standard benefits for the disabled. After incorporation of the resettlement assistance for the disabled pursuant to the Federal Social Assistance Act, efforts should be made to make the law more lucid by streamlining the provision.

At the same time, the disabled person's entitlement to social rehabilitation and welfare must be translated into reality. The benefits provided by the rehabilitation bodies must also take this goal into account more than hitherto.

Similarly, the provisions governing conditions for civil servants must be designed to ensure that in future the implementation of all-embracing rehabilitation measures is guaranteed for them, too, by according benefits which equate with the benefits provided by the rehabilitation bodies.

II. Social Insurance for the Severely Disabled who are no longer Employable

For those severely disabled persons who cannot be integrated into the general labour market, social security must also be provided over and beyond the existing arrangements under the social assistance schemes in such a way that these men and women are enabled to lead their lives with as much independence and self-determination as possible.

III. Social Services

It is urgently necessary to expand the system of out-patient and complementary services, above all in rural areas, so that those disabled persons who are not hospitalized can maintain and improve an independent life-style.

These recommendations have been set out in various sections of the Report and in particular in parts 2 and 7.

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1. Associations and Organizations

Arbeiterwohlfahrt – Bundesverband – e.V.
Aktion Psychisch Kranke e.V.
Aktion Sorgenkind e.V.
Bund der Kriegsblinden Deutschlands e.V.
Bund Deutscher Hirnbeschädigter e.V.
Bundesarbeitsgemeinschaft der Clubs Behinderter und ihrer Freunde e.V.
Bundesarbeitsgemeinschaft der Freien Wohlfahrtsverbände e.V.
Bundesarbeitsgemeinschaft „Hilfe für Behinderte e.V."
Bundeselternrat
Bundesverband für spastisch Gelähmte und andere Körperbehinderte e.V.
Bundesverband Selbsthilfe Körperbehinderter e.V.
Bundesvereinigung der Deutschen Arbeitgeberverbände
Bundesvereinigung Lebenshilfe für geistig Behinderte e.V.
Diakonisches Werk
Deutsche Angestellten-Gewerkschaft
Deutsche Gesellschaft für Sozialpädiatrie
Deutsche Gesellschaft zur Förderung der Hör-Sprach-Geschädigten e.V.
Deutsche Vereinigung für die Rehabilitation Behinderter e.V.
Deutscher Beamtenbund
Deutscher Behindertensportverband e.V.
Deutscher Blindenverband e.V.
Deutscher Caritas-Verband e.V.
Deutscher Gewerkschaftsbund
Deutscher Paritätischer Wohlfahrtsverband e.V.
Deutscher Verein für öffentliche und private Fürsorge
Deutscher Volkshochschulverband
Deutsches Institut für Normung e.V.
Deutsches Jugendinstitut
Deutsches Rotes Kreuz
Christliches Jugenddorfwerk Deutschlands e.V.
Evangelische Kirche in Deutschland
Reichsbund der Kriegsopfer, Behinderten, Sozialrentner und Hinterbliebenen e.V.

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Stiftung „Hilfswerk für behinderte Kinder“ (Contergan-Hilfswerk)

Verband der Kriegs- und Wehrdienstopfer, Behinderten und Sozialrentner Deutschlands e.V.

Verband Deutscher Sonderschulen e.V.

Zentralverband des Deutschen Handwerks

Zentrale Wohlfahrtsstelle der Juden in Deutschland e.V.

Stiftung Rehabilitation

Verband der Haftpflicht-, Unfall-, Auto- und Rechtsschutzversicherer – HUK-Verband – e.V.

Verband der privaten Krankenversicherung e.V.

Verband Bildung und Erziehung

2. Central Municipal Associations

Deutscher Städtetag

Deutscher Landkreistag

Deutscher Städte- und Gemeindebund

3. Working Parties of the Rehabilitation Bodies

Arbeitsgemeinschaft der Berufsbildungswerke

Arbeitsgemeinschaft der Berufsförderungswerke

Arbeitsgemeinschaft der Werkstätten für Behinderte in der Bundesrepublik Deutschland e.V.

4. Individuals

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Prof. Dr. Muth, im Deutschen Bildungsrat

Dr. h. c. Hans Mohl, Zweites Deutsches Fernsehen

Dr. Ernst Rausch, Vorsitzender des Berufsverbandes der Fachärzte für Orthopädie, Köln

Prof. Dr. Schettler, Universität Heidelberg

Prof. Dr. Schlack, Leiter des Früherkennungszentrums, Bonn

Dr. Dr. Theodor Schober, Diakonisches Werk

5. Parliamentary Parties

CDU/CSU – Bundestagsfraktion

SPD – Bundestagsfraktion

FDP – Bundestagsfraktion

6. Federal Authorities

Bundeskanzleramt

Auswärtiges Amt

Bundesminister des Innern

Bundesminister der Justiz

Bundesminister für Wirtschaft

Bundesminister für Arbeit und Sozialordnung

Bundesminister der Verteidigung

Bundesminister für Familie, Jugend und Gesundheit

Bundesminister für Verkehr

Bundesminister für Raumordnung, Bauwesen und Städtebau

Bundesminister für innerdeutsche Beziehungen

Bundesminister für Forschung und Technologie

Bundesminister für das Post- und Fernmeldewesen

Bundesminister für Bildung und Wissenschaft

Bundesminister für wirtschaftliche Zusammenarbeit

Presse- und Informationsamt der Bundesregierung

Bundesamt für den Zivildienst

Bundesanstalt für Arbeitsschutz und Unfallforschung

Bundesgesundheitsamt

Bundesinstitut für Berufsbildung

Bundeszentrale für gesundheitliche Aufklärung

Bundeszentrale für politische Bildung

Deutsche Bundesbahn

Statistisches Bundesamt

7. Federal States (Länder)

Baden-Württemberg

Bayern

Berlin

Bremen

Hamburg

Hessen

Niedersachsen

Nordrhein-Westfalen

Rheinland-Pfalz

Saarland

Schleswig-Holstein

Sekretariat der Ständigen Konferenz der Kultusminister der Länder in der Bundesrepublik Deutschland

8. Rehabilitation Bodies and their Associations

Arbeitsgemeinschaft der Deutschen Hauptfürsorgestellen

Bundesanstalt für Arbeit

Bundesarbeitsgemeinschaft der Unfallversicherungsträger der öffentlichen Hand e.V.

Bundesarbeitsgemeinschaft der überörtlichen Träger der Sozialhilfe

Bundesarbeitsgemeinschaft für Rehabilitation

Bundesknappschaft

Bundesverband der Betriebskrankenkassen

Bundesverband der Innungskrankenkassen

Bundesverband der landwirtschaftlichen Berufsgenossenschaften

Bundesverband der landwirtschaftlichen Krankenkassen

Bundesverband der Ortskrankenkassen

Bundesversicherungsanstalt fur Angestellte

Hauptverband der gewerblichen Berufsgenossenschaften e.V.

Kassenärztliche Bundesvereinigung

Verband der Angestellten-Krankenkassen e.V.

Verband der Arbeiter-Ersatzkassen e.V.

Verband Deutscher Rentenversicherungsträger e.V.

9. Radio and Television Associations

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